8 JANUARY 2000

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Tories propose fourth category of medicines

Pharmacies supply contraception in Manchester HAZ

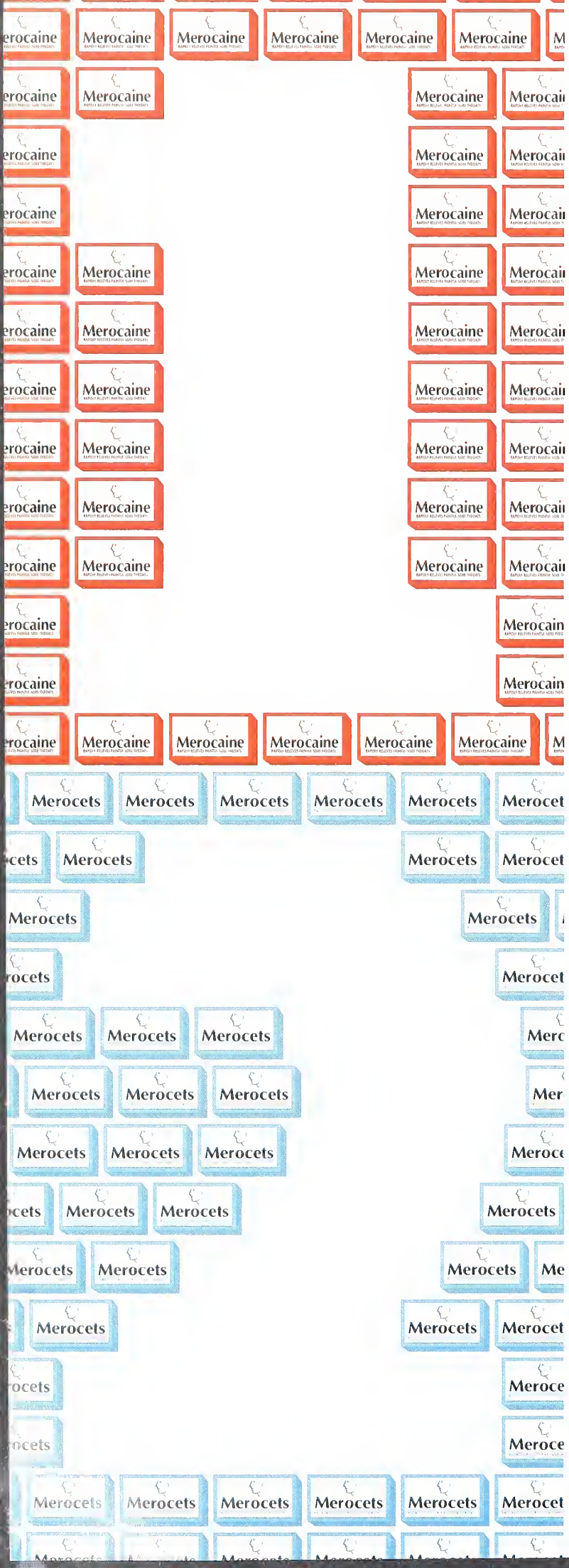
Uttlesford Pharmacy Forum on PCGs

Electronic scripts the way ahead for Northern Ireland

BTC pilots on-line shopping service

Update: addictive powers of the poppy

Online at http://www.dotpharmacy.com/



A Number of Strengths

With excellent profitability all year round and our proven commitment to pharmacy, there's a very strong argument for stocking Merocaine and Merocets.

For severe sore throats, the powerful dual-action combination of strong local anaesthetic and a fast-acting anti-bacterial agent has made Merocaine the No1 best selling lozenge.*

What's more, Merocaine is the pharmacist's favourite recommendation.*

ANTI-BACTERIAL
Merocaine®
THROAT LOZENGES

No1 Best Selling Strong Lozenge
No1 Most Recommended Strong Lozenge

For GSL purchases, another favourite choice is anti-bacterial Merocets Lozenges. In fact, Merocets are No2 GSL in Pharmacy*, and the pharmacist's No2 choice.*

ANTI-BACTERIAL
Merocets®
THROAT LOZENGES

No2 Best Selling GSL Lozenge
No2 Most Recommended GSL Lozenge

SSL International plc

Tubiton House, Oldham OL1 3HS, England. Telephone 0161-652 2222
Merocaine and Merocets are Trade Marks of Hoechst Marion Roussel Ltd.

Merocaine and Merocets Product Information: Active Ingredients Merocets Lozenges: Cetylpyridinium Chloride 1.4mg. Merocaine Lozenges: Cetylpyridinium Chloride 1.4mg, Benzocaine 10mg. **Uses:** Merocets: Symptomatic relief of sore throat. Merocaine: Relief of pain and discomfort of throat infections. **Dose:** Merocets: Adults and children over 6 years: One lozenge every 3 hours. Merocaine: Adults and children over 12 years: One lozenge every 2 hours as needed but no more than 8 in 24 hours. **Contraindications:** Hypersensitivity to ingredients. **Use in Pregnancy:** No data but cetylpyridinium chloride and benzocaine have been widely use for many years without apparent ill-effects. **Side-Effects:** Urticaria and other allergic reactions very rarely; transient burning sensation of mouth rarely; Methaemaglabinaenia has been reported with benzocaine. **Precautions:** Merocets: Label states 'If symptoms persist or are severe or are accompanied by fever, headache, nausea and vomiting, consult your doctor.' Merocaine: Label states 'If symptoms persist or are severe or are accompanied by fever, headache, nausea and vomiting, consult you doctor' **Licence Holder:** Merocets and Merocaine: Seton Products Limited, Tubiton House, Oldham, OL1 3HS. **Product Licence Number/Legal Status/Price:** Merocets: PL 11314/0107, GSL, RSP £1.99. Merocaine: PL 11314/0105, P, RSP £2.45. **Date of Preparation:** September 1999.
*Taylor Nelson Sofres Counterpoint MAT March 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 253 No 6221 140th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

COMMENT

It is unusual for groups which lobby MPs, and that includes pharmaceutical ones, to work through the Opposition to achieve a political end. For any contentious issue such an approach is akin to a suicide mission. So one must take with a pinch of salt Dr Liam Fox's claim (p4) that he has support from pharmacy organisations for his 'Prescriptions First' initiative. Anyone who looks at the details of his proposal will soon realise that it is vague, ill informed (why create another category of medicines - GPs and patients get confused enough about the existing three!) and fails to address serious issues like remuneration entirely. True, Dr Fox will have been briefed, as shadow health minister, by the Royal Pharmaceutical Society's political team on issues of interest to pharmacists. And, as the Society's Roger Odd says, it is gratifying to see pharmacy on the political agenda. But it is clear that Dr Fox is scoring political points, as he did before Christmas (see Comment December 18/25), and as no pharmacy body will be seen endorsing a proposal that is essentially a spoiler for the Government's own pharmacy strategy. There are dangers that the whole issue will be sidelined if it becomes part of a political ping-pong game. However, Dr Fox has hit on an issue pharmacists would like to see taken forward. Whether this is as repeat dispensing (just refilling an existing prescription) or repeat prescribing (a more involved process in which pharmacists could amend dosage or even medication within protocols) is not yet clear. The job the Society, the NPA and PSNC has to do is to keep Dr Fox on board while persuading government that this is an issue which now has all-party support. Repeat dispensing pilots have already received £1 million of DoH funding, and the Crown Report has provided a framework for discussion, so the foundations are there. Time to get building?

Editor Patrick Grice, *MRPharmS*
Assistant Editor Maria Murray, *MRPharmS*
Technical Editor Fawz Farhan, *MRPharmS*
Business Editor Guy L'Aimable, BA
News Editor Charles Gladwin *MRPharmS*
Contributing Editor Adrienne de Mont *MRPharmS*
Beauty Editor Sarah Thackray
Reporter Steven Bremer *MRPharmS*
Art Editor Tony Lamb
Production Editor Vanessa Townsend, BA
Editorial secretary Jan Powis
Editorial (tel): 01732 377487; (fax): 01732 367065
E-mail: chemdrug@unmf.com
Price List Colin Simpson *(Controller)* Darren Larkin, Maria Locke
Price List (tel): 01732 377407; (fax): 01732 377559
Group Advertisement Manager Julian de Bruxelles
Group Advertisement Executives Simon Goddard, Christian Harris, Mike Nicholson
Classified Executive Debra Thackeray
Advertisement department secretary Elaine Steele
Advertising (tel): 01732 377621; (fax): 01732 377179
Production Karen Way
Associate Publisher John Skelton *FRPharmS*
Group Sales Director Ian Gerrard

Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

Published Saturdays by Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW
C&D on the internet at chemdrug@dotpharmacy.com
Website: http://www.dotpharmacy.com/

Subscriptions: (Home) £137 per annum, (Overseas & Eire) $324 per annum including postage
£2.60 per copy (postage extra)
Additional Price List £78 per annum

Circulation and subscription Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET
Tel: 020 8309 7000

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature

Miller Freeman
A United News & Media publication

PPA

ABC Audit Bureau of Circulations
BUSINESS PRESS

Boots vaccination programme successful

A 'drop-in centre' for meningitis vaccinations in a Boots store has vaccinated 30 people in one evening session.

There had been concerns that some young people in the Chester area may have missed out on the mass vaccination programme. Hospital staff asked to use the store to provide a "mop up" operation for 15-17-year-olds.

They gave vaccinations one evening in part of the Foregate Street store separate from the main shop floor.A Boots spokesperson said the company may allow its premises to be used in other parts of the country for similar schemes if there was a need.

Standards proposed for GPs

GPs' professional bodies have outlined what is expected of an 'excellent' GP and what poor practice is unacceptable.

Every GP in the UK will receive two reports spelling out how doctors will show they are fit to practise and remain on the General Medical Council's register. 'Unacceptable' doctors who fail to respond to intervention and retraining will not be allowed to practise.

Proposals in 'Revalidation for Clinical General Practice and Good Medical Practice for GPs' have been developed by the Royal College of General Practitioners and the British Medical Association's GP Committee. The consultation documents will also go to patient groups, NHS organisations and other professional bodies.

The GMC is committed to approving a revalidation system by May 2001, but GP Committee chairman John Chisholm said last week that local revalidation groups would have to be set up to visit GPs when necessary. "One of the crucial questions is who will pay," he said. "Revalidation cannot go ahead in the absence of adequate resources."

Holiday charts available

Chemist & Druggist has spare copies of its Year 2000 holiday planner. Readers requiring a copy of the chart (sent out with the September 4, 1999, issue of *C&D*) should send an A4-size stamped, addressed envelope to: 'Planner', *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Tories launch repeat medicines scheme

The Conservative Party is proposing a scheme in which pharmacists could dispense repeat prescriptions without the patient having to return to the GP.

It would create a fourth category of medicines in addition to General Sales List, Prescription Only and Pharmacy Medicines, and would be a step towards giving pharmacists limited prescribing powers.

Launching the 'Prescriptions First' initiative, shadow health secretary Liam Fox said that in most cases there was no medical reason for the GP to be involved in repeat prescriptions. The scheme would save GPs and patients time and make better use of the pharmacist's skills.

The initiative had received outline approval from pharmacy and GP organisations, he said, but details of which drugs to include and how to reimburse pharmacists had yet to be discussed with the professions. Anti-asthmatic drugs and oral contraceptives were possibilities for inclusion.

Under 'Prescriptions First', patients would obtain the first batch of medicine on a doctor's prescription. The pharmacist would issue further repeats over the counter, referring the patient back to the GP only if there were problems such as side effects. The patient could carry a card with a limited number of repeats or exchange the depleted medicine for a replacement; again the details would have to be discussed.

Dr Fox intends to put the proposals to the House of Commons as soon as possible after agreement with doctors and pharmacists. He thought there were unlikely to be difficulties changing primary legislation.

"It's such a good idea I'd be surprised if the Government didn't pinch it," he said at a press conference last week.

'Prescriptions First' would remove millions of repeat prescriptions from the system and would be a major piece of deregulation, he added. It would be part of a series of health measures that could be introduced relatively quickly, but would make a big difference to many people.

The new scheme would not involve pharmacists in medicines management but, in a separate initiative, the Conservatives would give community pharmacists limited prescribing rights in a newly remunerated role.

Before Christmas, Dr Fox unveiled a pharmacy strategy in which pharmacists would be paid for prescribing anti-psychotic drugs to mentally ill patients released into the community (*C&D* December 18/25, 1999, p5).

His party also wants to appoint a Minister for Nutritional Matters to tackle widespread ignorance about healthy eating.

Reaction

The pharmacy organisations, which Dr Fox claims have given his proposals outline approval, don't know much about them.

For the Royal Pharmaceutical Society, Roger Odd, head of professional and scientific support, said the Society was working to raise the profile of pharmacy among politicians of all parties. "It is always gratifying to see pharmacy included in the political agenda and we are looking forward to discussing Dr Fox's proposals."

The National Pharmaceutical Association knows nothing about the proposed scheme. "Any agreement with the pharmacy and medical professions is news to me," said director John D'Arcy, who pointed out that there is nothing new in what is being suggested.

He questioned the need to create a fourth category of medicines, which was irrelevant as far as repeat dispensing was concerned.

However, Mr D'Arcy liked the idea of pharmacists having a role in repeat dispensing. "At the moment pharmacists are the second stage in the supply process. It makes it more difficult for them to enter into a dialogue with patients as they see them after the GP. Repeat dispensing will make pharmacies more acceptable as a first port of call," he said.

Campaign against St John's Wort classification

Health food retailers are campaigning to prevent St John's Wort being classed as a medicine.

They are asking MPs to sign an early day motion calling for the health minister to prevent the Medicines Control Agency from requiring licences for products containing the herb in combination with vitamins and minerals.

The National Association of Health Stores has written to retailers explaining that the MCA believes St John's Wort should be legally classified as a medicine exempt from licensing under Section 12 of the Medicines Act 1968. But when combined with vitamins and minerals the exemption would no longer apply and a licence would be needed. A further threat is that Section 12 could be abolished by EU action in two years' time, says NAHS director Ralph Pike.

Mr Pike told *C&D* that several companies, who wished to remain anonymous, had been told by the MCA that they had

three options: to take St John's Wort out of vitamin and mineral preparations if they were to remain as food supplements, to obtain a product licence or to remove products from sale.

The early day motion, tabled by Richard Allen MP, expresses concern about the possibility of "safe and popular" products needing "exorbitantly expensive and difficult to obtain" product licences: "Such action flies in the face of repeated assurances given to consumers, retailers and manufacturers."

The motion attracted 30 signatures by Christmas. But another EDM, signed by Dr Nick Palmer, states that: "This house...is puzzled by the fact that food products with no claims to medicinal effects are described as 'remedies' and seeks clarification of what is being remedied other than the manufacturer's bank balance." There were two signatories by Christmas.

● A study is being carried out at the London School of Pharmacy to test St John's Wort as an aid to smoking cessation. It is thought that the herb raises dopamine levels which fall when nicotine is withdrawn, resulting in a craving for cigarettes. The trial will compare St John's Wort in doses of 300mg daily or twice daily for three months in people who smoke ten or more cigarettes a day. Pharmacists in North London will recruit participants.

Script fraud measures save £36m already, says DoH

Jim Gee

The recently introduced NHS anti-fraud measures have already seen a reduction in patient prescription fraud of nearly 40 per cent.

Savings of £36 million have been made following a crack down on prescription charge evasion. This follows an initial investment of £4m said the director of counter fraud services in the NHS, Jim Gee. The figures are accurate to within ± 1 per cent, based on monitoring charge collection before and after the initiatives were introduced.

Point of dispensing checks have played a significant part, although other activities such as raising awareness of fraud at health authority level and the introduction of counter fraud teams will also have acted as a deterrent.

"These are the first benefits of a programme of work to eliminate fraud and corruption from the NHS," said Mr Gee. "Savings have been achieved by working closely with pharmacists to implement effective checks. This success is an example of how professional counter fraud specialists can work together with all those working in or using our health service to protect it against fraud and corruption."

The Directorate will report this spring on fraud in the other areas of the NHS and will be repeating the exercise on an annual basis.

NPA pre-reg visits dates

The National Pharmaceutical Association is inviting pharmacy pre-registration students to visit its headquarters in St Albans, Hertfordshire.

There are about 50 places remaining for the one-day visits which include an introductory talk followed by panel sessions covering practice and business issues.

Places are available for visits on February 3, 4, 10 or 11, and March 2, 3 or 9. Interested students should contact the NPA press office on 01727 858687, ext 259, to check availability.

Healthy Croydon pharmacy pilot is branded a success

The Healthy Croydon pilot scheme, where community pharmacies provide advice on a range of health, social and welfare issues, has been deemed "successful" (*C&D* October 24, 1998, p4).

An evaluation report on the pilot says that the uptake of information was generally good, and many Council and voluntary services were accessed as a result. In addition, "the information generally seems to have reached the groups it was targeted at". The scheme, in which the 26 participating pharmacies received £300, has been extended for another year with the Council wholly funding the £10,000 costs.

Healthy Croydon project officer Jo Bradbury said that the feedback suggested the advice had been targeted appropriately, although there were areas which could be improved. A key factor in the success of the project seems to be staff training so that pharmacy staff feel enthusiastic about being 'pro-active'. For example, leaflet distribution about the dangers of fireworks was greater at pharmacies where staff had recently had special training.

Pilot evaluation has been carried out by a variety of means including monitoring information leaflet uptake, number of requests and number of referrals. Pharmacist, pharmacy staff and patient questionnaires have also been analysed, and an anonymous independent survey was carried out.

The more successful topics have been related to health matters, but Ms Bradbury said that campaigns this year would still be a mixture of subjects, such as welfare benefit advice. The Carers service had been particularly pleased by the response generated from promotion in pharmacies.

Regular customers are also starting to look at the in-store display boards each month and are asking pharmacists about the campaigns and Ms Bradbury is trying to link into other campaigns in the borough, such as the health improvement programme and the work of the health promotion unit.

"The Council is very pleased with the results," said Ms Bradbury. This year's money came from a 'pot' of corporate money, demonstrating the support from a wide range of Council committees. However, as funding runs out in October, Ms Bradbury said it would be interesting to see if other agencies, including primary care groups, will want to provide funding to continue the scheme.

Ms Bradbury can be contacted at the Healthy Croydon Support Unit, Room 12.05, Taberner House, Park Lane, Croydon CR0 3BT. Tel: 020 8760 5773.

IN BRIEF

Drug recall

A class 2 drug recall was issued just before Christmas. Fresenius Kabi recalled three batches of its Steriflex No 11 Hartmanns Solution because of visible particles. Affected batches were: 99J26B10 and 99J25B09, (both 1,000ml and with expiry October 2001) and 99K03B03 (500ml, expiry November 2001). Further information is available from Karen Flaherty or Sylvia Graham at Fresenius Kabi on 01928 594330.

Container inquiry: cost at 6.6p

Pharmaceutical Services Negotiating Committee will meet next week to discuss the implications of the outcome of the 1999 Container Inquiry. This puts a cost of containers at 6.6p, up from 6.1p in the 1998 Inquiry.

What millennium bug?

The National Pharmaceutical Association reported that the New Year date changeover appears to have gone "very smoothly" for pharmacists. The NPA received only "a couple of calls" about very old equipment.

NHS Direct had a busy holiday

NHS Direct handled over 177,000 calls between December 20 and January 3, 50 per cent more than the whole of November. A third of the callers were given self-care advice .

Pharmacies offer emergency contraception in Manchester

Pharmacists in the Manchester, Salford and Trafford Health Action Zone have been providing emergency contraception over the holiday period.

The pilot service, involving 16 pharmacies, began on Christmas Eve and will run until the end of March. At least two of the pharmacies were open on all the bank holidays.

Pharmacists are adhering to a group protocol under the clinical leadership of Dr Rosemary Kirkman, senior lecturer in family planning at the University of Manchester. The protocol has been adapted from one used by nurses under Dr Kirkman's supervision. It consists of a two-page questionnaire covering demographic information and criteria for suitability.

The questionnaire is kept as a record and will be used to audit the scheme. There is also a medical telephone backup providing additional advice for pharmacists. This service was used only once over the holiday period.

Pharmacists are being paid £40 per consultation, regardless of whether they dispense the emergency contraception. They were also paid locum costs to attend a one-day training course. All attendees had to pass an exam to take part in the scheme.

Publicity for the scheme has been low key, although local GPs, NHS Direct and family planning services have been notified. Initial take-up was "significant", but figures will not be available until next week.

The HAZ is funding the scheme, which has the regional director of public health, Professor John Ashton, as its sponsoring director. A full audit and evaluation will be carried out early next year.

Milburn asked to review contract applications

A 1,000-signature petition asking Alan Milburn, the health secretary, to review the rules surrounding contract applications has been tabled. This would allow contracts to be granted in areas where demand is proven.

Leyland and South Ribble MP David Borrow has presented a 1,000 signature petition to the speaker of the House of Commons, Betty Boothroyd, asking for a pharmacy in Farrington, Leyland. South Lancashire Health Authority's original decision in January to grant a pharmacy licence was overturned by the Family Health Service Appeals Authority following two objections. Another application has been lodged with the Health Authority for consideration in the New Year.

Residents, local councillors, community leaders and a collection of Lancashire MPs have all worked together on the campaign.

Mr Borrow said: "We are getting clear messages that Government is looking into the current guidelines. I'm certainly optimistic that the fresh application will be given sympathetic consideration by the board.

"There is a need and local support, and I will do everything possible to help," he said.

Veterinary record keeping to apply only to food producing animals

Proposed regulations on record keeping for sales of veterinary medicines will apply only to products for use in food-producing animals (except those on the General Sales List).

The regulations will not impose any record-keeping requirements on the sale of medicinal products for pets or other companion animals. Voluntary record keeping will be encouraged for these sales in order to aid product traceability and product recalls. The regulations are expected to come into force early next year.

Original proposals are being redrafted by the Veterinary Medicines Directorate following a consultation period in which concerns were voiced about the practicality of complying with regulations covering all sales.

PGEU calls for action to control antibiotic resistance

The European pharmacists group, PGEU, has called on European institutions to take action to control the spread of anti-microbial resistance.

As well as calling for information campaigns "to influence the expectations of the public" with regards to antibiotic prescribing, the PGEU wants the European Union to support action by health professionals to promote appropriate prescribing, dispensing and use of antibiotics.

In a statement issued in December, the PGEU welcomes initiatives taken by WHO, the European Parliament and other bodies of the European Council, and now wants to see action by 'competent authorities' at EU and member state levels.

It wants legislation to be strengthened, and enforced, to ensure that only secure channels of distribution for antibiotics are used.

Veterinary use of antibiotics is highlighted with the PGEU statement calling for the same safeguards to be applied to veterinary practice antibiotics as apply in human usage. It also wants to see support for the development of alternative means of animal husbandry to secure the discontinuation of the use of antibiotics as growth promoters and in prophylaxis.

A place for new drugs in the future NHS

There is no reason why good value, new drug treatments should not comprise a much higher share of the growing NHS budget, health secretary Alan Milburn said on December 20.

But the NHS will have to radically reform the way it makes decisions on the drugs and treatments provided. These decisions should no longer be left to chance, with different parts of the health service taking different decisions about the same treatments.

"The National Institute for Clinical Excellence is central to the reinvention of the NHS. It will help us get innovative treatments of proven good value into the NHS faster than ever before. But, just as importantly, NICE will help protect patients from low value or obsolete interventions. NICE will help make the hard choices," he said in a speech arguing that an NHS funded by taxation would be able to meet the formidable challenges of the new century.

He said he thought the present system was better than any alternatives, but the NHS needed a radical transformation in the way it worked. The main challenges were advances in medical technology and the increasing expectation of consumers.

"In today's instant access world, consumers expect the same convenience and speed of service from the NHS as they receive from providers in other walks of life," he told a seminar held by the Institute of Public Policy Research in London.

Looking at other methods of funding, he said the argument for expanding the private sector failed to recognise that the clinical staff sucked into it would be from a scarce pool of skilled professionals needed by the NHS.

Alan Milburn

"There is no reserve army of unemployed oncologists or cardiac surgeons simply waiting for the call to arms," he said. "An expanded private sector can only mean a contraction of the public sector as it is faced with higher costs and fewer staff."

The NHS would also run the risk of becoming a poor service for the poor, and people with private insurance would be less willing to see increased public spending on the NHS. Nor were extra charges at point of treatment the answer, he said. If the charges were low and everyone paid, they would raise little cash. If they were high, they would stop sick patients getting care. And charges ignored the fact that healthcare was disproportionately used by the young and the old – groups least able to pick up the cost.

Addict prescription forms reminder from PPA

The Prescription Pricing Authority is reminding pharmacists about the availability of drugs allowed on pink FP10HP(Ad) prescription forms for drug instalment dispensing.

Following changes made in April 1998, prescribers can prescribe a maximum of 14 days' treatment of any drug listed under Schedule 2 of the Misuse of Drugs Regulations using an FP10HP(Ad). The changes have brought the pink forms (for hospital outpatient prescribing) in line with the blue GP form FP10MDA.

The reminder has been issued at the request of the NHS Executive. The PPA also points out in its latest newsletter, *PPA Matters*, that other prescription forms will show a strong coloured band down the right hand side. The colour of the bands for forms are: FP10 – green; FP10D (dental) – yellow; FP10HP (hospital) – rust; FP10MDA – a blue band down the right hand side of the 'pricing office use only' column.

- Contractors are being asked not to stick adhesive labels or notes to prescriptions even if they are removed before submission. The PPA says residual gum is causing problems in sorting machines, which may affect payment.

NHS Alliance and PCPA merge

The NHS Alliance and the Primary Care Pharmacists' Association have agreed to a mutual affiliation to strengthen the influence base of both organisations.

It is intended to develop a joint working agreement with future conferences reflecting this widened interest.

PCPA chairman Duncan Petty commented: "We will be working on a number of joint initiatives and associate membership of the Alliance recognises the key role we play in PCG development."

HOSPITAL REPORT

Training troubles

'Learning together, the new strategy for education, training and lifelong learning' was launched at the Scottish 1999 Partnership Conference on December 3 last year.

The intention is to ensure that all staff within the NHS in Scotland can develop to their full potential. This applies to all staff; not just the professional groups. How this works in practice will be interesting, because traditionally medical and nursing staff have swallowed up the majority of each Trust's training budget and everyone else has had to fight over the scraps.

The commitment to equal access to training for all staff should mean that this changes, but will it? Professional staff have to undertake a set period of continuing education each year, and this is normally specified by their registration body. Unless money is injected into training, it will become more difficult for some staff groups to continue to achieve this within NHS budgets.

"Who is going to cover for staff while they are away on training courses"

While the concept of everyone having access to training is admirable, there are also other aspects to consider. Who is going to cover for staff while they are on training courses. Very few departments have sufficient staffing levels to cover holidays, let alone training. Most departments are stretched already – it is rare to have all staff working on any particular day. Absence due to training can only exacerbate the problem.

Pharmacists get quite a few mentions in the document. Part of the strategy for pharmacists is to "revise the grading structure" and to try to ensure that "there are career options for pharmacists' leaders to enable them to remain in clinical practice".

These issues are already being discussed at Pharmaceutical Whitley Council as part of the 'Agenda for Change' process. What benefit could accrue from such duplication of effort, especially since the Scottish Executive has already stated that it will abide by any national agreements on the subjects of pay, terms and conditions made by the Department of Health?

A letter has been written to the human resources director at the NHSiS to clear up this matter, and I hope to see a copy of any reply quite soon.

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

Why no broken bulk on dressings?

What a way to start a new century! I have just had a run in with a particularly obstinate GP who really did want only three Aquacel ribbons for a patient. The practice to which he belongs has already been rapped across the knuckles by the primary care group for exceeding its drugs budget, so it is looking to save pennies as well as pounds.

Although I cannot condone unilateral action of this type and would prefer to be consulted, I can sympathise with the GP's point of view. As far as the surgery is concerned, three dressings are all the patient needs and the cost of three dressings is what will be charged to the surgery budget under the terms of the *Drug Tariff*. The fact that I can only buy these dressings in boxes of five and cannot recoup the difference is not the GP's problem!

The lack of a broken bulk facility for dressings and appliances is a perennial one that seems to be low on the list of priorities for the Pharmaceutical Services Negotiating Committee. However, this nonsense can cost me a lot of money if it is not rectified by persuading the surgery to amend the prescription – a potentially time consuming, expensive and humiliating process hardly designed to foster equal professional relationships.

Two mechanisms already exist in the *Tariff* for fairly reimbursing pharmacists: special containers and broken bulk. The special container system is the simplest to operate and produces the least waste, assuming that the original pack is of reasonable size. Broken bulk is more cumbersome and not foolproof in assuring continuing full reimbursement.

But both these mechanisms have always only applied to drugs and I have never been offered any explanation for the restriction. I could have turned away the prescription for Aquacel ribbon (as did two other pharmacists in the town), but I have a professional responsibility to the patient.

I should not be penalised for conscientiously practising my profession when the solution is to hand. I am not concerned with the complexities of political negotiations. I want a fair playing field and I want it now!

Fewer words, please!

'Ask your Pharmacist' has always been a brilliant campaign slogan and has successfully served to raise the public profile of community pharmacists. The original series of advertisements was direct, incisive and appropriate, and produced spectacular results, with every other customer quoting the phrase as they did 'ask my advice'.

Unfortunately I am not as confident that the current series of full-page advertisements in women's magazines will be as successful.

The picture is eye-catching and the slogan topical, but half the page is full of words, words that have to be read and understood if they are to have any impact. Looking at advertisements from the consumer's viewpoint, it is first impressions that count.

The message has to come across at a glance, jumping out of the page to make an impact on the senses. Words have to be read – they are boring unless they are telling a racy story – and however sensible and educational they are, they will be ignored in favour of the glossy pictures on the next page.

I am all in favour of advertising and will always support the NPA's campaigns, but forget the words! Keep the picture, keep the caption, keep the slogan and I will do the rest.

A blank among the mug shots

Apart from an unfortunate typographical error spotted by my eagle-eyed editor and gleefully recorded in print for posterity, the views of this humble pharmacist are not dissimilar to others numbered among the 'great and good' whose opinions on matters pharmaceutical were sought for the *C&D*'s millennium supplement.

The principal difference is that **Xrayser**'s cheery *visage* has once again had to be omitted from the photo gallery. It is the lot of the devil's advocate to remain forever anonymous, but at least I have the perverse pleasure of being able to reflect grass roots opinion.

I can say what I think and bring up a little sharply those who sometimes erroneously think they have the sole right to determine the destiny of our profession. I am looking forward to the next century!

The Uttlesford Pharmacy Forum was formed last year to look at professional issues. Steve Bremer looks at how it has developed the relationship with its PCG

A blossoming relationship

If pharmacists were to write a 'wish list' of services they would like to offer, the responses would be varied and would reflect individuals' own agendas. But a group of six pharmacies in Essex have all agreed a list of 22 services that they can provide to their primary care group.

This real-life wish list came about as a result of an 'awayday' organised by the Uttlesford Pharmacy Forum to discuss how it could contribute to Uttlesford PCG's primary care investment plan. Representatives from the profession and Forum pharmacists discussed pharmacy services with the PCG's chief executive and chairman. "The awayday started to develop a strategy for a vision of how pharmacy can work in Uttlesford," says Marc Davis, the PCG chief executive.

The Forum contains pharmacists from four independent pharmacies, a Boots branch, and two Moss pharmacies, who came together last year to work on professional issues (see *C&D* July 31, p33). Mr Davis and the National Pharmaceutical Association's local community pharmacy development co-ordinator, Helen van der Kraan, also attend the Forum's bi-monthly meetings.

Attending the awayday were representatives from the Royal Pharmaceutical Society, the Pharmaceutical Services Negotiating Committee, the NPA, the Local Pharmaceutical Committee, a Boots regional professional development manager and a Moss professional services manager.

Although national bodies were represented, the day was locally focused. It aimed to develop what the Forum pharmacists felt was achievable in their area. In workshop sessions the group looked at the five areas of 'Pharmacy In A New Age' while considering workforce constraints and training and IT needs.

"It was an opportunity to reflect on what they could do, and think constructively about what they can offer," says Mr Davis. The day gave the pharmacists the chance to be proactive in deciding what services they offer.

The result was a list of 22 potential actions. "A lot of these ideas will be reflected in our investment plan. I have no doubt that some of these will be taken forward," says Mr Davis. The proposed services include:

- pharmaceutical support for repeat prescribing, including providing advice to GPs and supporting a prescribing adviser on a sessional basis
- medicines management for long-term conditions, including an out of hours service for palliative care medicines, and adoption of a seamless care approach for diabetic and anticoagulant clinics
- production of protocols for NRT use in coronary heart disease, in order to present a uniform message across Uttlesford in conjunction with information leaflets
- smoking cessation schemes to include liaison with cardiologists, antenatal and diabetic clinics
- provision of specialist drug information and the development of an expert knowledge resource in Uttlesford.

Prerequisites and constraints that cropped up most frequently among the proposals included the need for locum cover, development of protocols and funding. The Forum is currently considering ways of freeing up pharmacists' time to enable them to take part in more extended roles.

Pharmacists met to discuss what was achievable in their area

The first service likely to be up and running is the aspirin audit, which should start early this year and is being proposed to the PCG's clinical governance committee. This has been driven by the fact that secondary prevention of coronary heart disease is a major part of the local health improvement plan. Joint workings with nurses on asthma and diabetes clinics will follow shortly after.

On the subject of remuneration, Judi Davies, Forum chairperson, says: "The PCG says money is there - just show us what you can do." All the roles will be remunerated, although figures have not yet been discussed. The Forum is also looking at other potential sources of funding. These include drug company sponsorship of schemes like the aspirin audit or smoking cessation.

PCGs' investment plans are usually driven by GPs. But "the challenge for us is that our good ideas can go into the investment plan", says Marc Davis. A home medicines management scheme that was piloted last year is an example. This project has received primary care development money so that it can continue.

Involvement in the Forum has improved working relationships between its pharmacists. "It's the first time we have had the chance to get together to discuss professional and ethical issues, and work as a team," says Judi Davies. It has also increased dialogue between pharmacists from independents and multiples.

Forum pharmacists now speak to GP surgeries across Uttlesford, rather than just those in the immediate locality. Since being involved in the medicines management scheme, pharmacists are taking part in more involved discussions with GPs about prescribing issues generally.

Since working on the extended roles, Mrs Davies' confidence has "snowballed", she says. "I'm much more prepared to discuss things with GPs that I wouldn't previously have considered within my remit." Involvement on subcommittees such as the HImP has allowed discussions with GPs on a wide range of issues.

The PCG is 'pro-pharmacy' and this has helped the Forum develop. "We are getting so much support from the PCG. We are made to feel like a valuable part of the team," says Mrs Davies.

Since the awayday, the Forum has had a round table discussion with the GP responsible for PCG prescribing. This has led to discussion on further areas of interaction. These include working with nurses in asthma and HRT clinics, introduction of 28 day prescribing, and a pharmacist-led "brown bag review". Although the GP concerned is also trained as a pharmacist, "she was really impressed by the way community pharmacists could help her", says Marc Davis.

Other projects that Forum members have been involved with include an information session for lead nurses from NHS Direct prior to the introduction of the pilot Fourth Disposition scheme (*C&D* October 30, p4).

Community pharmacists' clinical governance agenda is also being discussed, in conjunction with the Association of Quality in Healthcare. This work will be used in the PCG's baseline assessment. All PCGs have to carry out a baseline assessment to determine their ability to carry out clinical governance.

Judi Davies can be contacted on 01371 872669.

Whichever way you look at it

we're committed to Meltus in Pharmacy

This winter sees our biggest Meltus campaign ever, with our 7th consecutive year on TV, and again a cat plays a role your customers will remember.

In fact, last year's campaign drove consumer purchases up by 25%* - and this success is set to continue.

Meltus continues to be the fastest growing major cough brand in Pharmacy** offering effective relief for the whole family. And we remain committed to pharmacy by offering you excellent profit deals all year round.

So whichever way you look at it, Meltus is the cat's whiskers.

BACK ON TV THIS WINTER

MELTUS

Helps Melt Away Coughs - Fast

SSL International plc

Meltus is a Trade Mark of Seton

ULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentotion: Orol liquid Each 5ml contains 100mg Guoifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose 0.5g Purified Honey BP. **Indicotions:** For the symptomotic relief of coughs ond catarrh associoted with influenzo, colds and mild throat infections. **Dosoge and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls be token and swollowed slowly every three or four hours. Not recommended for children under 12 years. **Controindicotions, Wornings etc:** *Contraindications:* None known. *Warnings.* Not suitoble for children under 12 years. Very lorge doses couse nauseo and vomiting. Gastro-intestinol discomfort ond mild drowsiness hove been reported. *Use in pregnancy and lactation:* No known contraindications. *Side effects:* None known. **Legal Categary:** GSL. **Packs:** 100ml and 200ml. **Price:** 0ml RSP £3.05, 200ml RSP £4.49. **PL Number:** 0338/5026R. **PL Holder:** Cupol Limited, King Street, Blackburn BB2 2DX. **Dote of Preparotion:** September 1999. **Further infarmotion is ovoiloble on request from SSL Internotional , Tubiton House, Oldhom OL1 3HS.**

NIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Orol Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium oride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. ldren 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings etc:** *Contraindications:* None known. *Warnings:* Children under one year on medical advice only. Very large doses can cause seo and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. *Side effects:* None known. **Legal Category:** GSL. Packs: 100ml. **Price:** RSP £2.75. **PL Number:** 0338/0086. **Holder:** Cupral Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International plc, Tubitan House, Oldham OL1 3HS.**

for Nielson Sofres Counterpoint season 98/9 vs season 97/8. ** Independent Audit MAT June 1999

Medical matters

Cancer beaten by 2050

Cancer will be beaten by 2050 and will be as readily controlled as diabetes is today, says the director general of the Cancer Research Campaign, Professor Gordon McVie.

"We are on the eve of a genetic revolution which will see a leap in the cure rates for cancer and a whole range of new, effective treatments. Cancer may not be cured by the year 2050, but it will be beaten."

Cancer is on the increase in the UK. In 1996, 41 per cent of the men and 38 per cent of women in England and Wales were at risk of developing the disease in their lifetime compared to 32 per cent of men and 31 per cent of women in 1981.

However, survival rates are also on the increase. Over the past 25 years, five-year survival rates for men with cancer rose from 19 to 31 per cent and for women from 32 to 43 per cent.

The rise in cancers - particularly those of breast, prostate and bowel - are partly due to people living longer. The average life expectancy in the UK is 74 years for men and 80 years for women. However, two-thirds of all cancers are diagnosed in people over the age of 65.

Improved breast and prostate screening programmes have also led to more cancers being detected. The rise in bowel cancer is attributed to poor diet. However, lung cancer in men and stomach cancer in women are on the decline.

More details on: *www.crc.org.uk.*

BMS seeks approval for Vanlev

Bristol-Myers Squibb is seeking European regulatory approval for Vanlev for use in hypertension.

Vanlev (omapatrilat) is a new vasopeptidase inhibitor which simultaneously inhibits angiotensin-converting enzyme (ACE) and neutral endopeptidase to reduce blood pressure. Data submitted includes trials on over 6,900 patients with various states of hypertension. Most common side effects in placebo-controlled trials were headache, dizziness, upper respiratory infection and cough.

Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 01244 586100.

IN BRIEF

Comfasure strap

Bard Urology has launched Comfasure, a retainer strap to fix catheters securely to the body. The strap has an anti-slip backing and comes in three sizes to ensure comfortable fit around the leg or abdomen. Comfasure is available on prescription and comes in packs of five (£12.50 for adult or small sizes and £13.00 for the abdominal style). **Bard Ltd. Tel: 01293 52788.**

Genus introductions

Genus Pharmaceuticals has introduced the following generic lines: Bumetanide 1mg (28, basic NHS price £1.80) and 5mg (28, £11.16) and Enalapril 2.5mg (28, £5.35), 5mg (28, £7.57), 10mg (28, £10.53) and 20mg (28, £12.51). **Genus Pharmaceuticals. Tel: 01635 568400.**

Mid-morning shakes not food related

Mid-morning episodes of dizziness and shakes in diabetes sufferers are not due to a sugar low but rather stress and anxiety, claims a leading specialist.

Professor Gareth Williams, head of the Diabetes and Endocrinology Research Department at Liverpool University, explained at a recent meeting organised by The Sugar Bureau that major fluctuations in blood sugar levels are not seen in the majority of the population. They tend to be confined to people with diabetes who are taking insulin or oral antidiabetic drugs.

However, some of the symptoms of hypoglycaemia such as hyperventilation can be induced by stress. Sufferers are often unaware of this change in breathing which can itself lead to a change in blood chemistry.

"It is simply a myth that certain sugar-rich foods cause blood sugar levels to rise dramatically and then crash shortly afterwards ... Although blood sugar levels fluctuate naturally to a certain extent they will not fall into the hypoglycaemic range in healthy subjects, even after three days of complete fasting."

In non-diabetic subjects, hormones normally keep blood sugar levels within a very narrow range.

Intrauterine insemination a first choice treatment in subfertility

Dutch researchers are advocating the use of intrauterine insemination (IUI) over in-vitro fertilisation (IVF) in couples affected by idiopathic or male subfertility.

In a paper published in *The Lancet*, the team argues that couples should be informed that IUI offers the same likelihood of pregnancy as IVF but at a reduced cost. IUI administered in a normal (spontaneous) cycle also carries fewer complications than IUI after mild hormonal stimulation, making it the first-choice treatment.

In a prospective, randomised, parallel study, 258 couples with idiopathic or male subfertility were treated for a maximum of six cycles with either IUI alone, IUI after mild ovarian hyperstimulation, or IVF. The primary endpoint was pregnancy resulting in a live birth. Cost-effectiveness was also calculated for each treatment.

The IVF group was found to have a higher pregnancy rate per cycle than the IUI groups (12.2 per cent vs 7.4 per cent and 8.7 per cent). However, the cumulative pregnancy rate for IVF at the end of the sixth cycle was not significantly better than for IUI because of the higher drop out rate in the IVF group (42 per cent vs 15 per cent and 16 per cent).

The IUI methods were more cost-effective than IVF (US$4,511-5,710 against US$14,679 per pregnancy resulting in a livebirth). Half the overall cost of IVF treatment went on medication and the rest on monitoring during the stimulation phase, collection of oocytes and storage of inseminated oocytes and pre-embryos.

The only factor that influenced the chance of a successful pregnancy was the woman's age. Couples affected by idiopathic or male subfertility have an estimated 2 per cent spontaneous conception rate per cycle.

TO MAKE A MINT WITH NICOTINELL'S BRAND NEW SUGAR-FREE LOZENGE

New, unique and innovative sugar-free alternative for quitting without chewing.

•

1st lozenge format equivalent to 2mg of gum.

•

Nicotinell is dedicated to continue the growth of the pharmacy smoking cessation market.

•

£5 million heavyweight advertising campaign.

NEW LOZENGE

Nicotinell Professional Cessation Programme

The Nicotinell®

Stop Smoking Programme

Helps your customers set themselves free from smoking

For further information contact Novartis Consumer Health on 01403 323953

www.nicotinell.co.uk

Counterpoints

TCP offers sporting chance on air

Pfizer Consumer Healthcare is running a novel interactive TCP promotion on Talk Radio this month.

Entitled 'You can only sing when you are winning', the promotion features a fun competition and sponsorship of the FA Cup Games commentary team. It can be heard on the station's drivetime sports show with DJ Tom Watt.

The competition offers contestants the chance to win a sporty trip abroad by answering football questions and gargling their own football team's chant!

TCP is also being supported by a humorous £1.3 million radio and poster campaign this month.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

Buzzing around

Summerbee Products is aiming to expand its distribution of aromatherapy oils and bee products from its south-west base into pharmacies and health food shops nationwide.

Summerbee's newest product is Beevitalise (rsp £7.95, 280g) – a mixture of Hungarian acacia honey, royal jelly and vitamin E that may help those recuperating from illness.

Summerbee Products.
Tel: 01803 212965.

Sampler feeding set for babes

Cannon Avent's new product is designed to introduce mothers and babies to the Avent feeding system.

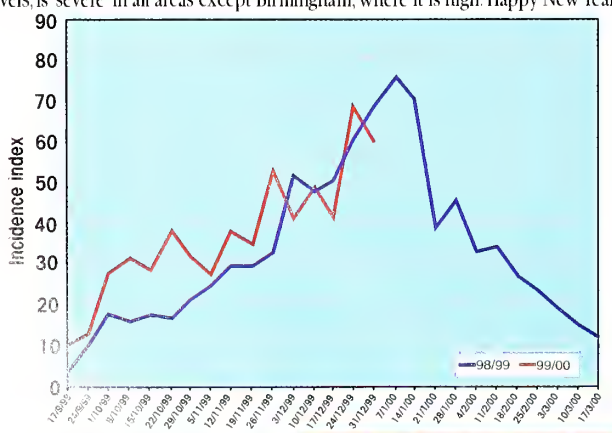
The new Avent Sampler Set (rsp £9.99) includes a 125ml bottle and a 260ml bottle both with newborn teat, a disposable feeding system with slow flow teat and ten pre-sterilised disposable bottle bags.

Cannon Avent.
Tel: 01787 267000.

Cough, cold & flu FORECAST

Information updated weekly by SDI

There can be few people who have not encountered someone with a 'millennium bug' in the past fortnight. The UK has been on 'Alert' now for four weeks, indicating a peak of respiratory illness. This high level of coughs and colds is likely to last another couple of weeks at least, and maybe longer, despite the dip in this week's incidence index (below). The areas which have most recently moved to 'Alert' are Birmingham (two weeks) and Newcastle (three weeks). Cough and chest congestion is reported by 94 per cent of symptom sufferers, nasal congestion by 92 per cent and a runny nose by 89 per cent. The risk of getting a respiratory illness, based on current illness levels, is 'severe' in all areas except Birmingham, where it is high. Happy New Year!



SPONSORED BY Benylin

MARKET STATUS

ALERT

Multibionta makes New Year TV debut

Seven Seas Healthcare is supporting Advanced Formula Multibionta multivitamin supplement with its first ever national TV advertising campaign until early February.

In a £3 million campaign, new TV commercials focus on three individuals (a commuter, a cyclist and a postwoman) among a crowd of people seen during a city's rush hour.

The commercial is in black and white until the person walks past a Multibionta pack when they become a colour heat-sensory image.

The key message is that Multibionta has been developed to help consumers cope with busy, stressful modern living. The product contains vitamins plus minerals and probiotic nutrients to help combat stress.

The brand is also being supported by press and London Underground poster advertising in 2000.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

New look Olbas bursts onto TV

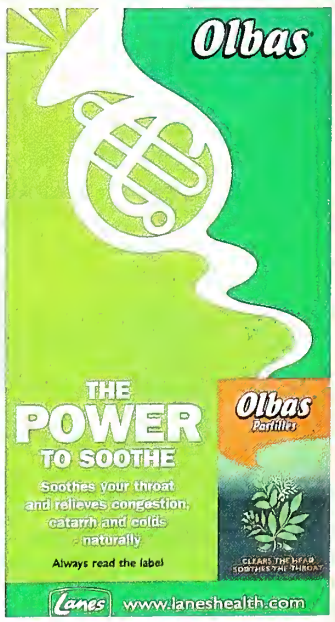
GR Lane Health Products is supporting its newly repackaged Olbas inhalant decongestant range with a regional TV campaign during the peak months for coughs and colds.

On air until the end of February, the campaign runs across Channel 5's 'southern macro' region covering Anglia, the South, the West Country, Wales and the Midlands.

Using the slogan 'the power to breathe', the new advertising features an animated, creaking balloon to demonstrate the feeling of congestion. The balloon is then burst by the Olbas Inhaler stick, allowing air to rush in and provide relief. Actor Tom Baker provides the voiceover for extra resonance.

The TV campaign is part of the £1 million marketing support for the brand which also includes press advertising in national newspapers until March.

The new packaging for the Olbas range uses strong, contemporary graphics while retaining the brand's orange and green colours.



GR Lane Health Products Ltd.
Tel: 01452 524012.

...but is it sugar free?

Think children's coughs, think Benylin. Benylin is Independent Pharmacy's only children's cough brand that is free from both sugar and artificial colours. What's more, they all come in pleasant fruit flavours with the added reassurance of childproof caps. Good reasons to think Benylin Children's Cough first.

Benylin

The name to think of first

Further information is available from: Warner-Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ

Oil of Olay helps combat skin ageing

Procter & Gamble is launching two new anti-ageing products in its Oil of Olay range.

Total Effects Time Resist moisturiser and foundation both contain VitaNiacin - a vitamin complex comprising niacinimide (vitamin B3), panthenol (pro-vitamin B5) and topopheryl acetate (vit E).

The products are formulated to combat the seven signs of skin ageing - the appearance of blotches and age spots, skin texture, skin tone, dryness, visible pores, skin surface dullness and fine lines and wrinkles.

P&G says its tests show that 64 per cent of women who tried the moisturiser found that it was better than their current moisturiser.

The range is being launched in Boots and Superdrug this month and will be available nationally from February.

Retail prices are £18.50 for the moisturiser and £9.99 for the foundation.

Procter & Gamble UK.
Tel: 01932 896000.

Diflucan One message is plain

Pfizer Consumer Healthcare plans to back its Diflucan One oral OTC treatment for vaginal thrush with an £800,000 press advertising campaign starting in February.

Aimed at women aged 20-44, the advertising will appear in the national press and women's magazines. The press campaign will follow the £750,000 January TV campaign for the brand.

The advertising is designed to provide a simple, no-nonsense message that reflects the convenience and ease of use of the product.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

New baby cough syrup in Tixylix range

Novartis Consumer Health is adding a new baby cough syrup to its Tixylix range of children's cough and cold products.

Tixylix Baby Syrup is formulated to help relieve the symptoms of dry tickling coughs in children of three months to five years.

The product is a soothing glycerol-based cough suppressant, pleasantly flavoured with blackcurrant. It has a colour-, sugar- and alcohol-free formulation.

A recent Gallup Survey carried out by Novartis showed that 99 per cent of mums consider that it is important for medicines to be colour-, sugar- and alcohol-free.

Retail price is £2.89.

Novartis Consumer Health.
Tel: 01403 210211.

Spring into Max Factor's hot looks

Procter & Gamble will introduce a new spring collection in its Max Factor cosmetics range in March.

Max Factor Electric Sunset Collection reflects the hot, vibrant beauty looks for spring/summer 2000. It includes reds, pinks and oranges for lips, nails and cheeks with both opaque and sheer 'ice-lolly' finishes.

The collection comprises Lasting Colour Self Renew Lipstick (rsp £6.50) in Paprika Flame, Orange Spice, Electric Sunset and Bewitching Coral; 3-in-1 Nail (rsp £5) in Pink Flame, Electric Sunset and Bewitching Coral; Henna Look Mascara (rsp £7); Blush Pan Stik (rsp £6.50) in Pink and Nude; and Earth Spirits Eyeshadow (rsp £4) in Pink Flame and Cinder.

Procter & Gamble UK.
Tel: 01932 896000.

L'Oréal makes a splash with Recital relaunch

L'Oréal is relaunching its Recital permanent hair colorant range.

New L'Oréal Paris Recital includes twice the amount of Colour Care Conditioning Cream, larger bottles of Hair Colorant Gel and Developer Cream plus new professional style gloves and an improved, easy-to-follow instruction leaflet.

The range comprises 26 Preference shades, four Les Rouges Passion red shades, three Les Noirs Richesse black shades and three Les Blondissimes blonde shades.

The packaging has been updated with stylish new model shots.

Retail price is approximately £6.69.

L'Oréal Group UK.
Tel: 020 8762 4000.

IN BRIEF

New distributor for Once
EMVI has acquired Once and Precision Styling haircare brands from Schworzkopf & Henkel. Jenks Sales Brokers will now distribute both brands in the UK.
Jenks Sales Brokers.
Tel: 01494 442446.

Sweet savings
Consumers can save up to £0.50 on Hermesetas Original tablets and £0.35 on Hermesetas Gold Granulated until the end of March.
Hermes Sweeteners.
Tel: 020 7299 2980.

Predictor web site
Cheforo has launched a Predictor web site to offer greater support to women testing for pregnancy. The web site *www.predictor.co.uk* gives general information about pregnancy and Predictor pregnancy test.
Cheforo UK Ltd.
Tel: 01480 421800.

High power battery
Philips has launched a new high performance range of alkaline batteries with 20 per cent more run time than the current Philips PowerLife range.
Philips.
Tel: 020 8665 6655.

New mark for Bee Health
Bee Health's Propolis will carry a new standards mark from this month. It is the first product to be marked with the Propolis Specifications and Standard Mark to meet the Health Food Manufacturers' Association's standards.
Bee Health Ltd.
Tel: 01723 864001.

ON TV NEXT WEEK

Askit: STV, C4 (Scot), C5 (Scot), GMTV (Scot)

Bassett's Soft & Chewy Vitamins: GMTV

Beechams: U

Covonia: GMTV, C5

Diflucan One: All areas

Lemsip Cold and Flu Max Strength: All areas except CTV, GMTV, TSW, plus C5

Lemsip Sore Throat antibacterial lozenge: All areas except CTV, GMTV, TSW, plus C5

Meltus: B, G, Y, C, M, CAR, TT, GMTV, Sat

Night Nurse: All areas

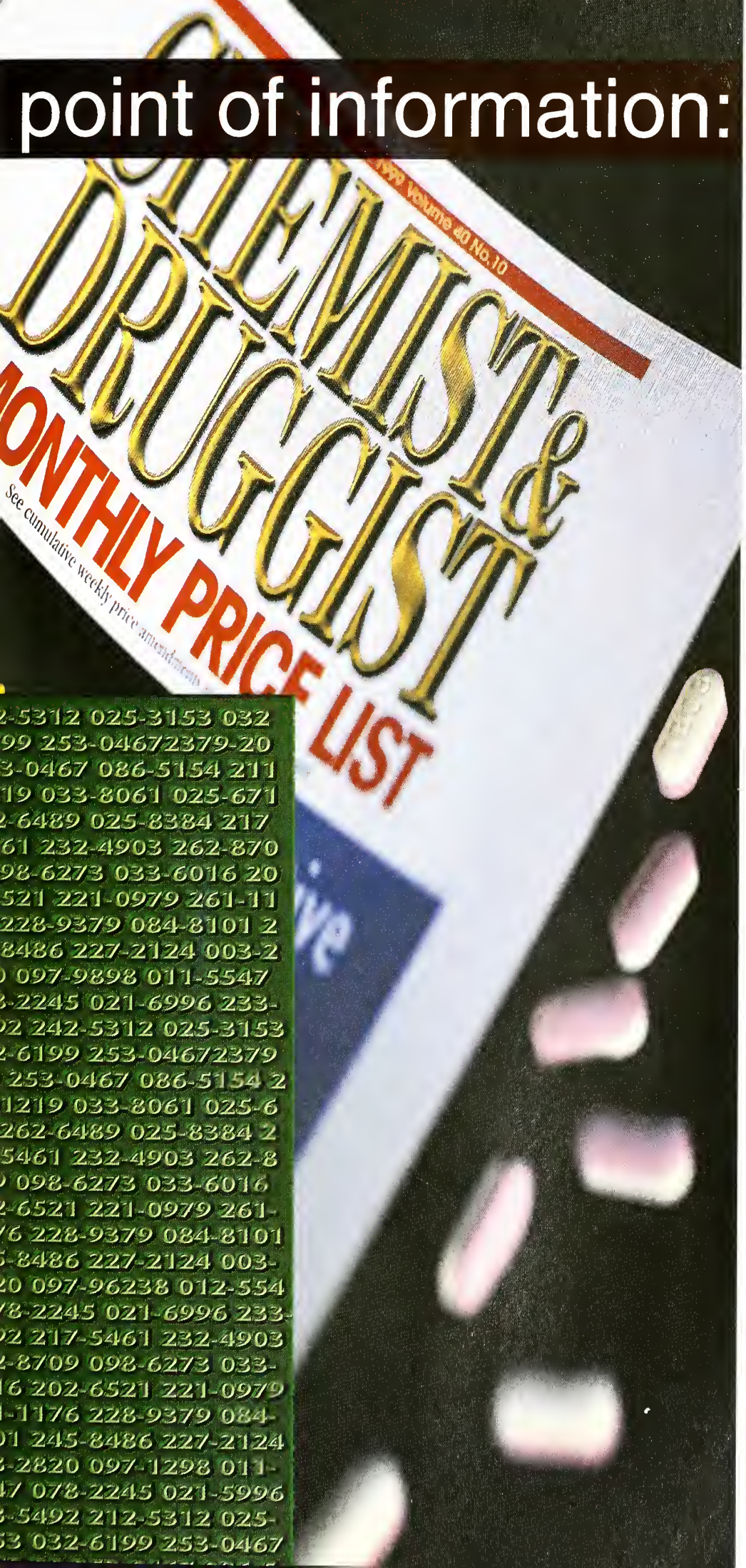
Nizoral dandruff shampoo: All areas except GMTV

Oilatum: G, Y, CAR, TT, GMTV

Seabond Denture Fixatives: C, A, HTV, W

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

point of information:



The C&D Monthly Price List is more than just an essential reference book

- **Need to know a bit more about products and suppliers in the pharmacy sector?**
- Want a complete electronic database with EAN codes for your EPoS system?
- **Must have a list of all resale price maintained medicines?**
- Desperate for an electronic database of generic drugs?
- **Want to find out which brands are supplied by listed supplier?**
- Like to see a breakdown of babycare products sold in pharmacies?
- **Curious to find out how many medicines contain paracetamol?**
- Searching for a comprehensive list of suppliers' names and addresses?

The *C&D* Price List Service can provide subscribers with all this information and more. For details of the various reports available and their cost, contact Colin Simpson, Price List Controller, on 01732 377407, fax 01732 377559, e-mail csimpson@unmf.com

The C&D Price List Service can offer you more than just pricing information

Affordable information from an authoritative source

- Complete database (on disk) including EAN codes, updated weekly £3,000
- Customised databases, updated weekly, from £100
- Suppliers names and addresses £250
- Brands by manufacturer £15
- Product class listing £60

Understanding different smokers' needs.

The widest product range.

Fresh Start Complete Quitters Support Programme.

Massive £6.5m TV & press support.

It all stacks up to №1.

NICORETTE®

Contains nicotine

Where there's a will, there's a way.

Nicorette smoking cessation products abridged prescribing information Presentation: *Inhalator:* Inhalation cartridge containing 10mg nicotine for oromucosal use via a mouthpiece. *Microtab:* Nicotine β-cyclodextrin complex 17.4mg, equivalent to 2mg nicotine. **Indications:** *Inhalator* Nicotine dependence and symptom relief in smoking cessation. *Microtab:* Intended to help smokers who want to give up smoking but who experience difficulty in doing so owing to their dependence on nicotine. **Dosage & Administration:** *Inhalator.* Adults & elderly – 6-12 cartridges/day for 8 weeks. Half no. of cartridges in weeks 9 & 10. Stop usage in weeks 11 & 12. Children – contraindicated below age 18 years. *Microtab:* Adults & Elderly – The tablet is used sub-lingually with a recommended dose of one tablet per hour or, for heavy smokers (more than 20 cigarettes per day), two tablets per hour. Most smokers require 8-12 or 16-24 tablets per day, not to exceed 40 tablets. Duration of treatment is individual but between 3 & 6 months is recommended. The nicotine dose should be gradually reduced by decreasing the total number of tablets used per day. Treatment should be stopped when daily consumption is down to one or two tablets. Children – Contraindicated below age 18 years. **Precautions:** *Inhalator* & *Microtab* Peptic ulcer, Angina pectoris, Recent myocardial infarction, Serious cardiac arrythmias, Systemic hypertension, Peripheral vascular disease, Diabetes mellitus, Hyperthyroidism, Phaeochromocytoma, Hepatic, Gastric or Renal disease. **Contra-indications:** *Inhalator* & *Microtab:* Pregnancy & Lactation. *Inhalator* Non tobacco users, intolerance to nicotine or menthol. **Special Warnings:** *Inhalator:* Cease smoking before use. Best used at room temperature. **Adverse Effects:** *Inhalator:* Most commonly cough, irritatio nose, throat and mouth, gastro-intestinal symptoms or anx *Microtab:* Most commonly heartburn, mouth irritation, hicc nausea, dizziness, unpleasant taste, headache, sensa of lump in throat. **Pharmaceutical Precautions:** *Inhalato Microtab:* Store below 30°C. **Legal Category:** *Inhalato Microtab:* P. **Package Quantities & Cost** (all trade prices co at time of printing): *Inhalator:* 6-pack – (£3.39), 42-pack – (£11 (PL0022/0163). *Microtab:* 30-pack – (£3.57), 105-pack – (£9 (PL0032/0239). **PL Holders:** Pharmacia Laboratories I *Inhalator.* Pharmacia & Upjohn Ltd.: *Microtab.* For further informa contact Pharmacia & Upjohn Ltd., Davy Avenue, Milton Key MK5 8PH. Tel. 01908 66 11 01.

Date of preparation: November 1999.

Pharma & Upjoh

PHARMACY update

Poppy power

Heroin has been branded one of the evils of modern society. Dr Rod Tucker, pharmacist and director of the Freelance Needle Exchange Scheme in North Lincolnshire, gives an overview of its use and treatments

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1149), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* FEBRUARY 12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of how heroin is abused
- To understand the mode of action
- To recognise the adverse effects and dangers of abuse
- To be aware of the problems of withdrawal
- To be aware of management approaches

Heroin is a synthetic derivative of morphine that is itself one of several opiates present in the milky juice extracted from poppy seed pods. Many of the synthetic opiate compounds are often referred to as opioids.

History

Morphine has a long history of use that dates back to the Sumerian texts, which are thought to be over 6,000 years old. It appears that these Middle Eastern people were also familiar with the use of poppy juice as a balm for both mind and body. In the 19th century, opium and in particular laudanum (an alcoholic elixir of opium) seems to have been enjoyed by a number of famous writers including Edgar Allan Poe, Lord Byron and John Keats. Opium in the 19th century was widely available and could be purchased from grocers as well as pharmacies. It was consumed by people of all social classes.

Heroin was first produced on a commercial basis in 1898 and was introduced, somewhat ironically, as a cure for morphine addiction. It did prove to be a successful cure for morphine addiction, but instead gave rise to a number of heroin addicts.

The widespread use of opiates was first restricted in 1868, when supplies could only be made through pharmacies, although it was not until 1920 that the Dangerous Drugs Act made the non-medicinal use of opiates illegal. Later, in 1926, the government-appointed Rolleston Committee decided that both heroin and morphine could be prescribed to treat addicts, on a long-term maintenance basis if required. This was because the addicts of the day were envisaged as being middle-class and numbering less than 500. This 'British System' as it became known (since such prescribing was not universal) continued for over 40 years until 1968, when the Home Office made it a statutory duty for all doctors to notify them of any patients who were addicts.

Today, doctors cannot prescribe heroin, dipipanone or cocaine to known or suspected addicts, except under special licence agreements with the Home Office. This prevents them from prescribing such drugs as a means of dealing with addiction. However, heroin, morphine and cocaine can be prescribed to anybody for the treatment of organic illness.

How heroin is used

Heroin can be taken in one of four ways: it can be injected intravenously, sniffed like cocaine, eaten or smoked. Due to extensive first-pass metabolism in the liver, much of the oral dose is lost and so few users choose this route. When smoked, the user places the powder on some foil and heats it from beneath. The fumes are then inhaled through a straw. When heated the heroin turns black and wriggles like a snake, hence the term 'chasing the dragon'.

Users who inject (known as 'mainlining') will probably be using about a quarter of a gram per day, with heavy users taking up to 1 gram/day. The purity of street heroin varies throughout the country; from April to June 1998, the average purity was 41.1 per cent. This represents samples from police seizures. However, during the same period the purity of heroin seized by customs officials was 49.4 per cent. As with purity, the cost of 'street' heroin also shows considerable national variation with the average price being £74 per gram, with a range of £10/g (in Leeds) to as much as £100/g (in London).

Street heroin is adulterated with a number of agents including chalk dust, bicarbonate of soda, talcum powder, glucose powder, brick dust, strychnine (which acts as a stimulant in small doses) and

Continued on PII →

Continued from PI

any other powder of similar appearance. Most heroin is available as the freebase and needs to be converted into an acid salt before it can be dissolved in water (hence the addition of citric acid or vinegar) and injected. Users will add a small amount of vinegar (or citric acid) to the powder, add some water, warm the solution on a spoon to help to dissolve the powder and withdraw the liquid into a syringe and inject.

Home Office statistics show that in 1997, 59 per cent of the 28,499 clients attending treatment agencies were heroin users. In the same year, 1,747kg of heroin was seized by customs officials, worth roughly £145 million.

Mode of action

In the 1970s a series of endogenous opiate-like compounds were identified and found to be involved in the response to food, appetite and pain. These compounds were called encephalins and beta-endorphins, and provided evidence for the presence of the body's own opiates. The actions of heroin and morphine appear to be mediated via interaction with these endogenous opiate receptors. The three opiate receptors are μ, δ and κ.

The target site for heroin appears to be the opiate receptors located in the nucleus accumbens that is part of the mesolimbic dopamine system. However, the amygdala which is part of the limbic system (the so-called emotional brain) is also thought to be involved in the positive reinforcing effect of opiates.

Interestingly, heroin is inactive at the opioid receptors and the effects of heroin are due mainly to its chief metabolites, mono-acetyl morphine and morphine itself. Moreover, the binding is stereoselective with the L-isomer being the most active enantiomer. Heroin also affects peripheral sympathetic noradrenergic receptors and it is the effects at these receptors that are responsible for the other effects such as constipation.

In standard skin heating tests, neither heroin nor morphine raise the pain threshold by any great amount. It seems that both drugs alter the patient's emotional perception of pain, relieving them of the fear and anxiety associated with it.

Effects and dangers

As a drug, heroin is far less dangerous than alcohol and is considered to be relatively safe. The initial effects or 'rush' are normally experienced in the abdomen and this sensation has been likened to a sexual orgasm. It is described as a 'turning in the stomach', and this feeling is accompanied by a tingling sensation and a feeling of warmth. Heroin also has a depressant effect on the central nervous and the respiratory systems and also lowers the heart rate. It causes vasodilation and depresses bowel functioning leading to constipation. It does not interfere (at the normal doses used by addicts) with sensory perception, motor skills or intellect. It is only at higher doses that sedation occurs and the user becomes drowsy. The initial experience of heroin is often unpleasant and addicts have reported feeling nauseated.

Dependence can develop rapidly since opiates are strong psychological reinforcers – in other words, they reward the addict with feelings of euphoria on repeated doses. The physical effects on withdrawal, the bout of influenza, sweating, chills, gooseflesh (hence the term 'cold turkey') all act synergistically to provide a powerful stimulus for the next 'fix'.

Deaths due to heroin overdose are due to respiratory depression and can easily occur, particularly when the addict uses a batch which is of higher than normal purity. Nevertheless, heroin itself is relatively non-toxic.

The biggest danger to the addict relates to the injection process. If addicts have insufficient knowledge of how to inject safely, problems soon arise. Unhygienic needles can cause abscesses at injection sites, and poor injection technique and the presence of adulterants can lead to blockage and ultimate collapse of veins and scar tissue at injection sites. The addict's lifestyle and poor state of health will generally reduce the ability of the immune system to ward off infections. Furthermore, there are the other obvious risks associated with injection, especially if syringes are shared (eg HIV and Hepatitis B and C).

Another danger arises when heroin is mixed with other drugs. For instance, the speedball (heroin and amphetamine) is a very dangerous combination. Many addicts are often heavy drinkers and the combination of alcohol and heroin is a factor often overlooked in reported heroin overdose cases since alcohol can enhance the respiratory depression and hypotensive effects of heroin.

Withdrawal and treatment

Not all drug addicts will require treatment and many people are best described as 'recreational' users who can give up at any time. Some people are prepared to forego treatment and 'sweat' it out through the infamous 'cold turkey'. The withdrawal syndrome is well characterised with the user experiencing rhinorrhoea, lacrimation, yawning, profuse sweating as well as diarrhoea, piloerection (gooseflesh), muscle twitching and agitation.

The treatment of heroin addiction normally involves the use of the opioid substitute, methadone, combined with drug counselling and support. Developed in the 1940s, methadone is sometimes perceived as being more addictive than heroin. The major advantage of methadone over heroin is its long half-life, which varies between 24 and 72 hours (in comparison, heroin has a half-life of about three minutes). The long half-life of the drug helps to control withdrawal symptoms and reduce cravings for heroin and this has became one of the primary aims of such therapy.

From a treatment perspective, methadone would seem to be an ideal drug. It is long-acting, attains smoother serum levels and controls withdrawal symptoms. Unfortunately, many addicts see methadone as being far more addictive than heroin. In addition, users will often supplement their methadone with 'street' drugs, only to find that larger doses of heroin are needed since the receptor sites are blocked by methadone.

The treatment of heroin dependence with methadone has always been controversial and some authorities contend that opiate substitutes are futile in so far as the addict is still dependent, albeit upon another drug. A number of addicts, however, believe that methadone has allowed them to lead a fairly normal life. In fact, by introducing a degree of stability into the addict's life, it allows users to come to terms with the problems in their lives that might have given rise to their drug use. Research has shown that people enrolled on a methadone programme are less likely to commit acquisitive crime in an attempt to feed their habit.

Some treatment agencies have prescribed pharmaceutical diamorphine either as an injectable or as reefers, which are smoked. This approach, essentially a harm reduction measure, attempts to reach a greater number of addicts who would otherwise not be in contact with services. The experience of these agencies has shown that many of the problems associated with illicit drug use (eg vein collapse and abscesses) can be considerably reduced if the addicts are treated with pharmaceutically pure diamorphine and educated about safer methods of injection.

Treatment of drug addicts with methadone does work: a considerable number of people have been successfully 'de-toxed' with methadone and appropriate counselling. However, the onus to

Continued on PIV →

NOVARTIS

What makes Tixylix® No.1 for sales?

Mums can see it on TV (when they get a chance!)

We know how important your advice is to mums worried about children's coughs and colds.

That's why to ensure that Tixylix stays No.1 our TV commercial works hard to bring Tixy mums into your pharmacy. This year we're investing **£2 million in national TV support for the brand.**

And, with the widest range, it's no surprise that Tixylix is still outperforming every other children's cough range.

So stock up now by calling our customer care hotline today on 01403 323953.

Tixylix®

Specially made for children

For further information visit our website at: www.tixy.co.uk

Action for Sick Children

The UK's leading children's healthcare charity is supported by the makers of Tixylix and Tixymol. Registered Charity No 296295

Tixylix® CHESTY COUGH	Tixylix® COUGH & COLD	Tixylix® DAYTIME	Tixylix® NIGHT-TIME	Tixylix® NIGHT-TIME SF	Tixylix® INHALANT
Guaiphenesin	Pholcodine Pseudoephedrine Chlorpheniramine	Pholcodine	Pholcodine Promethazine	Pholcodine Promethazine	Menthol,Camphor Eucalyptus Turpentine Oil

Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex, RH12 5AB. Tel: 01403 210211

Continued from PII

quit rests with the addict who must invest considerable time and commitment in attaining a drug-free lifestyle. This is perhaps the most difficult aspect of treatment and may sometimes necessitate the addict changing their circle of friends since the sight, smell or mere presence of drugs can act as a powerful cue to lapse back into their former drug habit.

Other treatment options

Other drugs that have been used in treatment include clonidine and lofexidine. These are both pre-synaptic alpha-2 adrenergic agonists. The rationale behind their use comes from the notion that many of the withdrawal symptoms result from overactivity of noradrenergic neurones. Symptomatic relief can be obtained by blocking the unpleasant effects produced on withdrawal. Lofexidine is used more than clonidine although there is limited clinical experience of the drug. Those studies in which the drug has been used do show it to have some promise.

Other opiates that have been used include dihydrocodeine, buprenorphine (which is a partial opiate agonist and has recently gained a licence to treat addiction), dextropropoxyphene and LAAM (1-alpha-acetoxyl-methadol). LAAM has a half-life of 72 hours and can be used three times a week. Although not presently available in the UK, the FDA has approved this drug as a methadone alternative.

A more drastic approach involves the use of opioid antagonists such as naltrexone or naloxone. Both can be used in cases of opiate overdose although naltrexone, which is an oral antagonist, can be used for motivated addicts although it is important that they continue treatment for several months.

References available on request

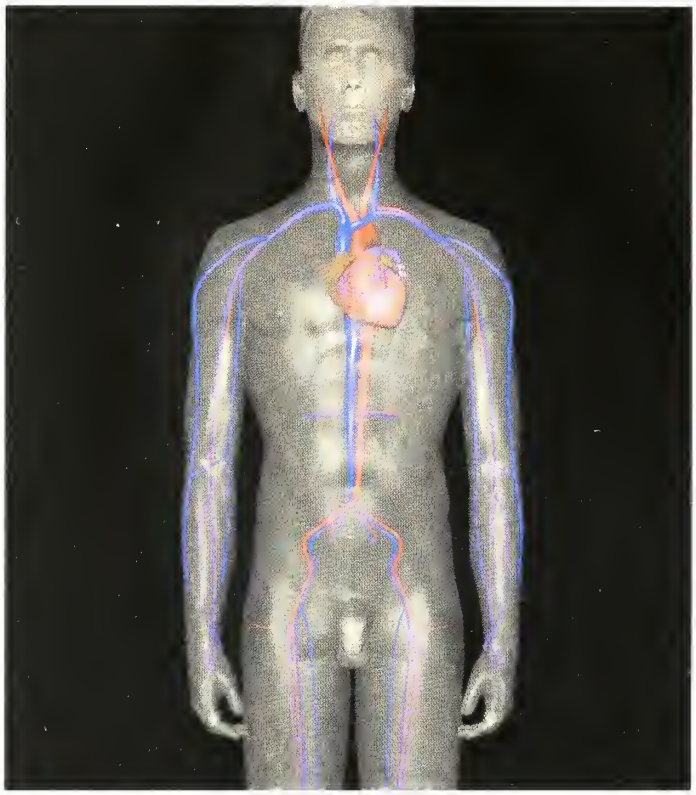
C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. Do you sell citric acid or ascorbic acid? What measures do you take to avoid misuse. Do you have a local policy on their sale?
2. Do you supply registered addicts with treatment drugs? How many were originally heroin users? How does their treatment differ from other drug addicts?
3. Does any drug addiction agency in your area use heroin? Find out if this treatment improves quality of life, has a higher 'catchment' rate or if it reduces mortality compared to street heroin users.

Automatic, systematic

Auto-immune disorders are thought to be at the root of many diseases and conditions. Jean Rothwell FRPharms, secretary of the South Lancashire LPC, investigates



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1150), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* FEBRUARY 12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand the immune process in auto-immune disorders
- To be aware of the management strategies
- To recognise the different diseases with auto-immune origins
- To be aware of management of each of them

Auto-immune diseases are caused by a malfunction of the immune system. While our bodies normally recognise a harmful 'foreign invader' and produce antibodies to fight it, in an auto-immune disease the body is unable to distinguish between foreign invaders and the body's own tissue. The result is the production of antibodies which fight the body's own tissue as well as the foreign invader.

The body produces a small number of self-hostile lymphocytes which would normally be 'policed' and destroyed by other lymphocytes. However, the process may be disrupted by various triggers, allowing the numbers of self-hostile lymphocytes to increase.

It is thought that almost any virus, certain bacteria such as *streptococci*, or drugs (such as methyldopa) may play a part in triggering an auto-immune process in someone who already has a genetic pre-disposition.

Management

There are two classes of auto-immune disorders: organ-specific (eg Hashimoto's thyroiditis) and non-organ specific (eg rheumatoid arthritis).

It is possible for some patients to experience organ specific and non-organ specific diseases simultaneously, and a person suffering from one auto-immune disease is more likely to develop another than a non-sufferer, although this is not always the case.

Replacement therapy

Organ-specific auto-immune disease is usually treated with replacement therapy, eg replacement thyroxine for Hashimoto's thyroiditis.

Corticosteroids

In cases of non-organ specific disease the treatment often involves reducing the activity of the immune system, a delicate adjustment which normally involves treating the patient with corticosteroid drugs.

Steroid therapy is not without dangers. While these drugs often have a rapid effect, patients must be closely monitored and the side effects may be unpleasant. These include: weight gain, osteoporosis, hypertension and increased risk of diabetes and infection.

Immuno-suppressants

In the more severe cases treatment may involve the use of immuno-suppressant drugs such as cyclophosphamide, methotrexate or azathioprine. Since these drugs may also damage rapidly dividing tissues, such as bone marrow, their use must be monitored.

Others

Other treatment options include total lymph node irradiation. Most lymphocytes are very sensitive and easily damaged by x-rays. Such treatment reduces the number of lymphocytes in the blood and alters the immune system's interactions and responses to antigens.

Patients undergoing this treatment also suffer side effects including fatigue, loss of appetite, diarrhoea, weight loss and occasionally shingles.

In view of the severity of some of the after-effects, this therapy is usually restricted to younger people (under 50 years of age) who are in reasonably good health, and/or to people who have one of the more severe auto-immune diseases (eg lupus or rheumatoid arthritis), and who have failed to respond to other forms of treatment.

Types of auto-immune disease

IDDM

Insulin-dependent diabetes mellitus (IDDM) or Type 1 is an organ-specific type of auto-immune

disease caused by a deficiency af insulin. This is due to the auto-immune destruction of pancreatic beta cells which usually begins between ten and 20 years af age. Treatment is usually by injecting insulin.

Non-insulin dependent diabetes mellitus (NIDDM) or Type 2 diabetes is not thought to be auto-immune in origin.

Thyroid diseases

The following are examples af organ-specific auto-immune diseases.

Hashimoto's thyroiditis ar (myxodoema) is associated with chronic inflammation of the thyroid gland with an under-production af thyroxine. It usually occurs in middle life. The main symptoms are severe lethargy, dry skin and hair, and damage to the nerves in the limbs. More women suffer from the disease than men in a ratio of five to one. Treatment is long-term replacement using thyroxine tablets.

Graves' disease is associated with overactivity of the thyroid gland. Antibodies bind ta and stimulate hormone receptors on the surface of the gland, increasing its production af thyraxine.

People with Graves' disease often have protruding eyeballs, suffer weight lass, anxiety, tremor of the hands and have a fast pulse. Sufferers are usually wamen in their 40s and the ratio af female to male sufferers is seven to one.

Graves' disease is treated by controlling the averactive gland with anti-thyraid drugs, radioactive iadine, surgery or a combinatian of these.

Multiple sclerosis

Multiple sclerasis (MS) is a pragressive disease of the central nervous system in which scattered patches of myelin in the brain and spinal cord are destroyed. This leads to various neurological defects such as impaired vision, unsteadiness af the limbs and loss af feeling or tingling af variaus parts af the body.

The severity of the disease varies fram persan to person, with periads af remissian accurring in same patients wha are able to live narmal lives far much of the time.

MS is the mast commonly acquired disease af the nervaus system in yaung adults. The incidence is ane in 1,000 peaple. It is more cammon in yaung females – the ratio af wamen to men affected being three ta two. There appears ta be a genetic factar involved since relatives af affected people are eight times mare likely to cantract this disease.

MS is treated in variaus ways. Carticasteraids may shorten the duration of an acute attack, while intensive immuna-suppressive therapy using drugs such as azathioprine, cyclaphosphamide or antilymphacyte glabulin may be used with drugs used ta cantral specific symptoms such as depression or incontinence.

In the past two decades there have been a number of breakthroughs in molecular biology, and research continues into the use af beta-interferon in the treatment of life-threatening viral infectians, particularly in people who have immunodeficiency disorders.

Interferons are naturally occurring proteins which have complex effects on immunity and cell function. Interferon-beta is licensed for use in patients with relapsing remitting MS who are able to walk unaided. However, not all patients respond to treatment. It is also licensed for use in the treatment of secondary progressive MS.

Myasthenia gravis

Myasthenia grovis is a camparatively rare auto-immune disarder, manifesting as a pragressive muscular weakness which can accur at any time of life. It is closely related to thyrotoxicosis and is associated with diabetes mellitus, rheumatoid arthritis and systemic lupus erythematasus.

About two ta five new cases per 100,000 people are diagnosed annually in the UK. Again, it accurs more frequently in women than men in a ratia af three to two.

The eye muscles are often the first to be affected: sufferers have drooping eyelids and may suffer dauble vision. The muscles of the face, throat, larynx and neck become weak, aften resulting in difficulty in breathing, speaking, chewing and swallowing. Weakness af the muscles af the arms ar legs makes simple tasks like combing the hair ar going up stairs difficult.

It has been faund that abnarmalities of the thymus gland are present in 75 per cent af myasthenia gravis sufferers, and in 10 per cent af these a form af tumaur of the thymus gland develops. It is thought that the initial abnormal respanse in myasthenia gravis may be against acetylchaline receptors on epithelial cells in the thymus causing cross reactivity between the acetylchaline receptors in the thymus and muscles.

Myasthenia grovis is treated by using drugs which black the actian af chalinesterase – an enzyme which usually destrays acetylcholine in the body. Drugs used include neastigmine, distigmine, and pyridostigmine. Occasionally high doses of steroids ar azathioprine may be used to black the immune process when treating myasthenia grovis.

Myositis

Myasitis is a disarder accasianally faund in peaple aged 40 and 60. It causes weakness af the muscles, particularly thase involved in mavement af the shoulders and hips and affects three times as many women as men. Inflammation and destruction of muscle occurs which may be treated with steroids or with drugs to suppress the immune system.

Dermatomyositis

Dermatomyositis is similar to myositis and is caused by inflammation of the muscles and skin.

The first sign of this disorder is aften a red rash over the bridge of the nose and cheeks, followed by a red rash on the knees, elbows and knuckles. This is followed by a weakness of the muscles of the shoulders and pelvis which later become stiff and painful.

Treatment is usually with carticosteroid drugs, and/or immunosuppressant drugs. About half the cases recover over a few years. In most of the remaining sufferers the disease persists with continuing stiffness of muscles.

Vitiligo

Vitiligo is an auto-immune disorder in which patches of the skin lose their colour due to an absence af melanocytes – the cells which produce the pigment melanin. This disorder occurs at any age and affects appraximately one in 200 people. In about 30 per cent of sufferers a spontaneous re-pigmentatian occurs. Treatment may be by phototherapy using PUVA, or by the use of carticosteroid creams which assists re-pigmentation. The use af make up ta disguise the affected areas may alsa be helpful.

Pernicious anaemia

Pernicious anaemia is a relatively camman disease in middle aged women and may develop over two ta three years. The development of antibodies ta some of the cells of the stomach lining affect the production of the intrinsic factar needed to assist in the absarption af vitamin B_{12}. Patients suffering fram pernicious anaemia become pale, tired and weak as the disease progresses, their red blood cells became enlarged, they often suffer a sare mouth and develop weakness af the hands and feet. In severe cases there may be breathlessness, chest pain and loss af balance due to the damage to the nervous system.

Pernicious anaemia is usually treated successfully with regular injections of hydroxocabalamin intramuscularly every two to three months for the rest af the patient's life.

SLE

Systemic lupus erythematasus is a classic auta-immune disarder mainly affecting women in their childbearing years. The disease may be inherited and hormonal changes may trigger its development. Certain drugs are also thought ta have an effect on its development, eg hydralazine, pracainamide and isoniazid.

The most cammon symptams include skin rashes, joint pain and fatigue. The skin rashes usually appear on areas exposed to light and may vary from small red patches to large blisters. Pain in the joints may be accampanied by slight swelling or inflammation around the tendons. If there is a build up of fluid in the tissues around the heart or lungs, patients may suffer shortness of breath.

Treatment of milder symptoms of lupus includes the use of non-steroidal or anti-malariol drugs. In more serious cases where problems occur with the heart, lungs, kidneys, blood cells or central nervaus system, steroids may be used – sometimes with azathioprine and cyclophosphamide.

Rheumatoid arthritis

Patients suffering from rheumatoid arthritis have a rheumataid factar in their blood. This is an antibody that binds to part of another human immunoglobin.

Some forms of the disease are self-limiting and mild, but others may cause severe deformities. Non-steroidal anti-inflammatory drugs are used to relieve the pain and stiffness in the joints. Anti-rheumatic drugs such as penicillamine or gold may be used ta slow the progress of the disease, but their use might be limited in some patients because of the side effects such as liver damage, bone marrow suppression and rashes.

Immunosuppressant drugs – carticosteroids or azathiaprine – may be used to suppress the body's immune system if anti-rheumatic drugs fail to provide relief.

AIDS

Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV). HIV may trigger a range af auto-immune type symptoms, eg, lupus-type symptoms including kidney inflammation and skin rash, ar features of polymyasitis and rheumatoid arthritis. Also thyroid disease, diabetes and MS together with most other auto-immune diseases have been reported in patients suffering from AIDS.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. Identify any patients with possible auto-immune disease by their drug treatment. Confirm diagnosis with the patient.
2. Gather information on use of interferon-beta in multiple sclerosis. Critically assess its value.
3. Draw up a comprehensive list of side effects for corticosteroids.
4. How many patients on PMR have methotrexate. Note doses and frequency. Can you draw any conclusions?

A good read

Effective reading skills can save you time and effort when it comes to continuing professional development. Fawz Farhan, who recently attended a speed reading workshop, shares some skills on how to start the New Year on the right foot

Continuing education and continuing professional development are now obligations for pharmacists and virtually all other healthcare professionals. But the main complaint from these professionals is: 'Where do I find the time to fit it all in?'

Continuing education by and large takes place in the pharmacist's spare time and, if they are lucky, during a few snatched moments in the pharmacy. Developing effective reading skills is one way that will help you make the most of the time available.

The average person's reading speed is 250-350 words per minute. Delegates who attended the same speed reading workshop as me increased their reading speed by an average of 120 per cent.

This article attempts to outline a few easy-to-learn tricks and skills that can make reading more efficient.

peas
turnip
carrots
parsnips
green beans
toffee apples
ham and eggs
baked potatoes
beef wellington
toad in the hole
cauliflower cheese
hot roast chestnuts
bananas and custard
duck in orange sauce
chocolate chip cookies
hot whisky and lemon
cheese and onion crisps
roast lamb and mint sauce
chicken, ham and asparagus pie
roast turkey and all the trimmings
strawberry milk shake with ice-cream
Christmas pudding and brandy butter
Yorkshire ham sandwiches with mayonnaise
black forest gateau with chocolate sauce
bread and butter pudding with cinnamon and nutmeg
three tiered wedding cake with marzipan and royal icing
hot chocolate with whipped cream and a chocolate flake

Mentor Group Ltd

In this exercise, try and group the words in each sentence as one eyeful. Look at a point, just about midway, in each group to try and 'stretch' your field of vision

Preparing for a good read

Effective reading skills can help you increase the number of words you can read per minute while maximising your comprehension. In other words, you should be able to read twice as much in the time you have available and still be able to retain the same amount of information.

Some of what follows may seem common sense in retrospect, but it is nevertheless often overlooked.

- **Best format**

Find out which medium works best for you. We are now in an age of information overload and continuing education reading material comes in a variety of forms: the internet, accredited distance learning programmes, interactive CD-ROM learning packs from manufacturers, and wordy reports from the Department of Health and the Royal Pharmaceutical Society are just a few examples.

Structure and layout make a difference – newspaper columns are easier to scan and read than a full-width page. There are also differences between newspapers: for example between tabloids and broadsheets such as *The Guardian* and *The Times*. Try to find out which magazine and newspaper formats appeal to you and why. Font sizes, styles and use of visuals all make a difference.

- **Relevance**

Scan the material for a couple of minutes concentrating on the introduction, key words and sub-headings. Decide whether the material is relevant to you.

Try to distinguish between essential and non-essential reading. Do you really need to read it? If not bin it, or file it if you really think it will be useful in the future.

- **Environment**

Your environment makes a huge impact on your concentration. Make sure you are comfortable and that you are not too hot or too cold. Get rid of clutter and any other visual distractions. Many companies, including Boots head office, now operate a 'hot desking' system where the employee can effectively work from any desk, their worldly work possessions are in a small mobile filing unit.

Speed reading

Once you have decided on your preferred reading material format, your environment and relevance of the material, you can then begin reading.

One way you can make reading more efficient is by maximising your reading speed. This requires practice and involves gradually increasing speed while maintaining comprehension. Another way is improving your ability to analyse the text and pick out key points.

There are three stages to reading: previewing, scanning and skimming.

- **Preview**

It is the first stage in reading and is a way of determining the most important characteristics of a book, chapter or article. It also helps you determine whether it is relevant to you, and if so your reading pace.

When previewing you should look at subject matter, publication date, chapter headings, diagrams, writing styles, degree of difficulty and length.

Previewing should only take one to three minutes depending on the length of the reading material. It normally only takes a customer a few minutes to flick through a magazine in a newsagent's before deciding whether to buy or not. The same technique should be applied to a report or document that lands on your desk.

- **Skimming**

Skimming gives you a rough outline of an unfamiliar text. Most people have this skill but it can be improved considerably.

The technique is to pass over the page without reading all it contains. You should pick out main ideas, key words, headings and sub-headings and any graphics. Introductions and last paragraphs contain essential information. The introduction presents the article and the last paragraph gives a summary. The bits in between contain additional information relating to the main idea. The first sentence in each paragraph should also provide a clue to what follows. However, all this will depend on how well the article is written.

- **Scanning**

Scanning is different from skimming and can be used to find a specific piece of information such as a phrase or word. It involves training the eye to spot the word which would then

Continued on PVIII →

Aids to concentration

- Interest and curiosity – if you are interested in or curious about a topic then you are already motivated to read it.
- Force – think of that 200 page report from the Department of Health. How do you increase concentration? Speed reading is a useful way of doing this. Reading at a faster pace helps keep your mind occupied; if reading speed drops sufficiently your mind may wander, particularly if you are not that interested in the subject matter.

An experiment conducted by the AA to find out how concentration varies at different speeds of driving found those travelling at 60 miles/hour recalled more signs than those travelling at 40 miles/hour. Reading at a faster speed can also help concentration.

- Fatigue – chose a time of day when your concentration is at its peak. Concentration time lasts between 20 and 40 minutes so it is useful to take short breaks often. The breaks will also help your mind assimilate what you have just read.

New year, new resolutions... sign up to Pharmacyupdate

Twice a month, *Chemist & Druggist* brings you **Pharmacyupdate** – unrivalled distance learning for the practising pharmacist

- **Update** is edited by *C&D*'s Technical Editor, Fawz Farhan, who is also the *Chemist & Druggist* Teacher-Practitioner at the Pharmacy Practice Group at King's College, London.

- **Update** helps you to fulfil the Royal Pharmaceutical Society's current requirement of 30 hours of Continuing Professional Development each year. It should be part of your professional development portfolio.

- **Update** allows you to self-test your understanding using simple monthly question papers. Better still, for a modest fee (£16 + £2.80 VAT) you can register with *C&D*'s automated marking service and receive a certificate showing the number of hours of distance learning you have completed.

- **Update** is accredited by the College of Pharmacy Practice. Recorded completion of the question paper counts towards study hours required for CPP membership.

- Back issues are no problem. If you miss an article, you can catch up by using a faxback service or visit *C&D*'s **dotpharmacy** Internet site.

- Northern Ireland pharmacists enrolling for **Update** will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education & Training.

Don't fall behind with your continuing professional development. Pick up the phone and speak to Mary Prebble on 01732 377269 if you need more information, or fill in the coupon below and send it with a cheque for £16 (plus £2.80 VAT) payable to Miller Freeman UK Ltd, which will register you for the year 2000 for certificated marking.

Pharmacyupdate is supported by

GENUS PHARMACEUTICALS

To Mary Prebble. Please enrol me on the **Pharmacyupdate** telephone marking service for 2000. I enclose a cheque for £18.80, made payable to Miller Freeman UK Ltd.

Name.....

Address.....

..... Postcode.....

Daytime phone number..... Fax.....

Signature..... Date.....

Northern Ireland pharmacists registering under CPPET scheme tick box ❑

Send this completed form to Mary Prebble, Chemist & Druggist, Miller Freeman UK Ltd, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Exercise For Increasing Eyespan

The purpose of this drill is to discipline
the little muscles that move the eyes from left to right.
Incorrect habits of reading have frequently caused
these muscles to behave in an undisciplined
and inefficient manner. Try to make your eyes march ahead
in three rhythmic leaps across the line.
Try to feel the tiny tug of these six
little muscles that move each eye. You will note
that some phrases are short others are longer.
This is done intentionally. The amount
of line width that various people can see, differs
with the individual. In these exercises try to group
as one eyeful all the words in the unit;
look at a point just about midway in each group.
At times you will feel as though the field
of your vision is being stretched. So much the better!
At other times the phrase will be too short.
We shall strive for wider and wider units as we proceed.
In that way your eyes will grasp more and more
at a glance. Read this exercise two or three times.
Try always to cut down on the time that it took you
to read it each preceding time. You will soon get
the knack of it. Do not let your eyes "skip"
or "slide" when you look at a phrase.
Look at it "amidships". Give it a strong,
fleeting glance. See it all in one look;
then be off to see the next and the next,
and so on to the very end of the exercise.
And now, how long did it take you
to read this? Put each of your times in the boxes below.

1. 2. 3.

Improving the eye's muscle power can help increase the eyespan

Continued from PVI

automatically alert your mind to seize it.

Reading faults

These greatly reduce your reading speed and should be avoided:

- **Subvocalising**

The eyes and brain work at a much faster rate than your vocal chords or lips. If you are subvocalising (reading the words silently in your head or mouthing the words) that automatically reduces your speed of reading.

- **Word by word**

Reading every single word in the text can also slow down reading. Some words are redundant to your understanding, eg the, and, of (prepositions), and so can be skipped without losing the gist. It is unlikely that the word 'not' is missed, but if it is the message is normally implied in the text. Your eyes start to recognise sentences or groups of words without the need to read every word eg 'Royal Pharmaceutical Society of Great Britain' or 'continuing professional development'. This comes with practice.

By developing your fixation skills, you can again increase your reading speed. A trained reader makes three or four eye movements per line of text; an untrained reader who is regressing can make up to 15.

- **Regression**

Try not to go back to what you've read two sentences or paragraphs before. That makes you lose concentration and makes you focus on one particular piece of information, making you target all the other equally valid points. Don't let your eyes flick back to words you've just read. Voluntary regression is OK if you want to re-read a paragraph to get more information. It is not OK if your eyes flick back subconsciously or if your mind starts to wander. Reading faster forces concentration and avoids distraction.

Exercises

Exercise One: Read upside down until you get faster. This teaches you to recognise shapes and images of words. It also illustrates the brain's ability to adapt.

Exercise two: Place a ruler horizontally above the first line of text on the page so that you can read the text below. Now try moving the ruler down the page as you read to stop your eyes flicking back. Then try to move it faster to increase your reading speed.

Stages of reading

- Recognition
- Assimilation
- Intra Integration – understanding where information fits into the reading material
- Extra Integration – understanding where information fits into wider context
- Retention
- Recall
- Communication

Exercise three: Hold your finger (a chapstick is even better) in the centre of the top line and move it vertically down as you are reading. Then speed it up gradually. This opens up your field of vision and helps guide line by line.

Exercise Four: Count the Fs in the following sentence.

FINISHED FILES ARE THE RESULT OF YEARS OF SCIENTIFIC STUDY COMBINED WITH THE EXPERIENCE OF YEARS

Answer:
There are six Fs in the sentence. There is no catch. Many people target the 'OF's. The human brain tends to see them as Vs and not Fs. Also words such as 'and', 'an', 'ar' and other prepositions tend to be overlooked.

The article is based on a workshop run by Mentor Group Ltd. Tel: 01582 842077.

Regression - Fixation Points

Reader A - Slow reader less than 150 wpm

1 2 3 5 4 7 6 8 11 13 9 12 15 10 14 16 20 17 18 26 19 21 22 25 24 23
nearly a thousand adults from all walks of life, with no

3 4 7 8 5 1 9 14 10 6 2 15 16 11 12 13 19 17 18 20 25 21 22 26 24 23
qualifications in common but that of having left school ten

2 3 4 9 5 6 8 7 13 12 1 10 14 11 15 17 18 16 19 20 21 23 22 25 26 24 27
years or more previously, were each asked to read some short

Reader B - Average reader 200 - 250 wpm

1 3 2 4 5 6 7 9 8 10
nearly a thousand adults from all walks of life, with no

5 1 3 2 4 6 7 9 8 10 11
qualifications in common but that of having left school ten

2 3 5 1 6 7 4 8 9 10 13 11 12
years or more previously, were each asked to read some short

Reader C - Capable and efficient reader 500 - 600 wpm

1 2 3 4 5
nearly a thousand adults from all walks of life, with no

1 2 3 4
qualifications in common but that of having left school ten

2 1 3 4 5
years or more previously, were each asked to read some short

From test by Professor G Buswell and described in his book 'How adults read'

PHARMACYupdate: distance learning for pharmacists

Pharmacists using Pharmacy **Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the February 12 issue, which will cover this week's CPP-accredited modules, together with those in the January 22 issue.

The MCQ paper for the December modules will be enclosed in next week's *C&D* covering:

- Post-marketing surveillance (1146)
- Domiciliary care (1147)
- Antidepressants (1148).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with

GENUS PHARMACEUTICALS

For a new profit opportunity...

...follow your nose

Mike King, head of professional services at Pharmaceutical Services Negotiating Committee, describes how primary care trusts will be established and how community pharmacy can have an input

A user's guide to PCTs

The reform of the NHS has already seen the introduction of primary care groups. On April 1, the next major step of the process will take place with the establishment of the first primary care trusts.

Eventually, there will be four levels. Level 1 and 2 PCGs have been set up already as they needed no changes to primary legislation – being sub-committees of a health authority. However, for PCTs, the Health Act 1999 allows PCGs to climb the ladder to levels 3 and 4 and to gain autonomy from the HA.

A Level 4 trust will form with the merging of community trusts and PCGs. The trust will be responsible not only for the commissioning of community services but also for their direct provision and management. It will no longer be accountable to the HA but, as a free standing body, it is accountable directly to the health secretary.

As part of the process, PCGs applying for trust status need to consult widely as set out in HSC 1999. LPCs are advised to contact the HA to make sure they are consulted about any proposed changes.

The number of lay members on the board is aimed at bringing decisions closer to patients

Structure of a PCT

At the moment, two levels of PCTs are planned – level 3 and level 4.

Level 3 PCTs will be able to commission services but will not be able to provide them directly. They will, however, be able to do this as a separate, freestanding body, giving greater freedom and flexibility than a level 2 PCG. They will be able to employ a limited range of staff, which is much as HAs do now.

Level 4 PCTs will be able to commission and provide services. They will bring together commissioning and primary care development with the provision of community health services. They will be able to run community hospitals and community health services, employ the necessary staff and own property. The precise range of community services provided will depend on local circumstances and the plans described during consultation.

As an independent healthcare organisation, a PCT will have a governing board with an executive managing its day to day running. Further guidance on the composition of boards and executives is due shortly from the NHSE, but a suggested template was given in April 1999 (NHS Executive: 'Primary Care Trusts – Establishing Better Services').

A typical board could include 11 members comprising: chairman, five lay members, chief executive, finance director and three professional members drawn from the executive (probably clinical governance director, one GP and one nurse). The health secretary will appoint the board, but alternative arrangements for the board composition may be acceptable to better meet local needs. The predominance of lay members on the board reflects the principle of bringing decisions closer to patients.

Being responsible for the day to day management of the PCT, the executive will be very influential. It will lead the board through detailed thinking on priorities, service policies and investment plans, so for LPCs who want an influential role, it is the executive rather than the board where representation should be sought.

It is hoped that the NHS Executive's detailed guidance on composition will mention the possibility of a place for a community pharmacist. PSNC expects the executive to be dominated by GPs and nurses, but there should be opportunities for other professions to seek a place; LPCs should press for the inclusion of a community pharmacist. This may be easier if the PCG already has a community pharmacist on the board.

Powers of PCTs

PCTs will have the powers to:

- hold their own budgets
- employ staff
- own premises and health facilities
- generate income.

As an autonomous body, the PCT has the power to manage its own budget covering both the community and hospital services required by the local population. In the future, it is possible that the social services budget could also be part of the PCT's area of responsibility.

Setting up a PCT

The Health Act 1999 requires very thorough and detailed consultation on becoming a PCT to be carried out by HAs. Consultation criteria are set out in HSC 1999/167 and include

identifying the impact of the proposals on services.

The consultation process should canvass the views of the public (including patients, users, carers, community health councils and appropriate local voluntary organisations); NHS bodies (PCGs, GP practices, NHS trusts); representatives of local health professionals and staff; local medical committees and other local representative committees, ie LPCs; and local authorities. LMCs must be consulted and LRCs should be consulted, so LPCs should contact the HA to make sure they will be involved.

The HA then collates the response for submission to the health secretary.

In response

As part of the consultation process the HA should send LPCs a copy of the application for PCT status submitted by a PCG.

LPCs should realise that they are in a position of strength in the consultation process. As copies of their comments will be included in the report to the health secretary, it is important that LPCs make a response and use the opportunity to argue for a community pharmacist place on the PCT executive.

LPCs should underline the benefits of the current network of community pharmacies. While not opposing the bringing together of healthcare services, the response should flag up the dangers of any action by the PCT that may undermine the current service provided by local pharmacy contractors.

The best way to at least monitor and, preferably, have some control over the PCT, is to be on the PCT executive. LPCs should therefore press for a place on the executive when responding to an application, explaining that the community pharmacist's business, financial, management and clinical skills would be a great asset to the PCT.

Time permitting, the LPC may also like to consider inviting the applicants to make a presentation to the LPC to explain its proposals in more detail.

However, pharmacists should not be too alarmed at this stage at the possibility of the PCT applying for an NHS contract (which they may be able to do using their income-generation powers). There is no guarantee that the PCT will want to move towards a one-stop healthcare centre – they will still want to have a distribution of premises across the area and may have no interest in having their own pharmacy or asking existing contractors to run the service for them. As part of the consultation process, the applicants must hold public meetings and LPCs would be advised to attend these meetings to tease out any intentions in this area.

There is still the possibility of a prohibition by the health secretary on PCTs holding an NHS contract. PSNC continues to press the health secretary to issue directions to introduce such a prohibition.

Effect on LPC structure

As with the PCG arrangements, LPCs should have a member of the committee dedicated to the PCT either on the executive or with very good communication links with the members of both the board and executive. If there is a non-LPC pharmacist on the executive, for example a pharmaceutical adviser, then it is vital that the LPC representative works closely with that pharmacist.

The influence of patients and doctors on the PCT means LPCs are advised to strengthen links and communications with the LMC and the local community health council.

Action points

- LPCs consulted by an HA on the setting up of a PCT should always respond in writing along the lines set out in this guidance.
- Although LPCs should be consulted on any application or PCT status, LPCs should establish with the HA their right to be consulted even if at the moment there is no indication that any applications are to be made.
- LPCs should, through their PCG lead pharmacist, monitor which PCGs are planning to move to PCT status, at what level and when.
- A representative of the LPC should always be present at public consultation meetings.
- If consultation is underway, the LPC should make sure they are included at the earliest stage possible in the consultation process.
- Relationships should be further strengthened with the LMC, CHC and possible local councillors.

In making their representations, LPCs should make their views known to the HA on the proposal, method of change, potential improvements and how PCTs should work towards them. Any concerns must be voiced at the consultation stage and advice should be given to the HAs on the impact of the proposals on pharmaceutical services. The value of the community pharmacist on the PCT executive should always be emphasised.

This article is one in a series of PSNC guides on the NHS reforms. Previous guides covered the NHS reforms, primary care groups and health improvement. Further details are available from Mike King at PSNC, 59 Buckingham Street, Aylesbury, Buckinghamshire HP20 2PJ. Tel: 01296 432823.

HSCs (Health Service Circulars) can be downloaded from the internet at: http://tap.ccta.gov.uk

LETTERS

Direct action is the answer to Tariff inconsistencies

I find **Xrayser**'s column a 'must read' because his concerns often echo my own. So I had every sympathy with **Xrayser**'s plight (*C&D* December 4, p7) and his comments about latanoprost.

I am pleased to report that Christmas has finally arrived at the Department of Health, albeit, as with Scrooge, a little late.

Incensed that the Pricing Authority has been instructed to apply standard discount to latanoprost, but not its proprietary brother (Xalatan), I endorsed one of my prescriptions 'ZD' and 'Please confirm paid ZD as endorsed'.

Upon its receipt, a polite young lady from the PPA phoned to explain that as latanoprost was subject to standard discount and was not in the ZD list, the PPA would not be able to accept my endorsement.

I thanked her for the call and asked her to put this in writing, explaining that as far as I am concerned this is a fraud perpetrated on pharmacy contractors by the DoH. The young lady promised to phone back, so I was astonished when a supervisor phoned. We went through the whole scenario again, and she said she would see what could be done.

She, too, phoned back, and to my delight agreed to treat the prescription as 'ZD'.

Needless to say, I asked about the rest of the prescriptions for the month, and broadened the question to other months, my other branches, other contractors.

I have today received a letter from the PPA detailing the value of latanoprost dispensed during the period March to August 1999, and giving details of a refund of nearly £200 for two branches.

If I am an average contractor, this equates to £100 per pharmacy, and for 12,000 contractors, say £1.2 million. It only remains to thank those who brought this issue to the fore, and to thank the DoH for its Christmas present – albeit bought with our own money.

And the moral? There is no substitute for direct action. Now, about prescription switching...

Graham Phillips
Harpenden

Editor: PSNC has confirmed that latanoprost has been moved into the 'ZD' list in the *Tariff*. Guidance will shortly be issued to contractors telling them how they can claim a retrospective discount adjustment for generically written scripts for latanoprost.

Nothing new in on-line medicine

Referring to the Royal Pharmaceutical Society Council's December 1999 debate about on-line pharmacy services (*C&D* December 11, p8), an emergent theme from Hemant Patel was the Society's key role in educating and empowering members and consumer groups about e-commerce implications in our metamorphosising healthcare roles.

May I suggest your readers use the resources of the Society's Library to access the comprehensive 'information and communications technology' (ICT) analysis of David Anagran's 'Telemedicine and Telepharmacy' published in *American Journal of Health Systems Pharmacists* (July 15, 1999 **56** pp1,405-1,426), of which e-commerce is part of the bigger picture.

Indeed, with on-line pharmacies in New Zealand and the US, there is no need for Council to re-invent the cyber-wheel from scratch.

With other stakeholders, pharmacy staff will need updates and practical guidance from Council on: on-line pharmacy disclaimers; information about the web site authors, contributors, sponsors, content quality and accuracy; references, the evidence-base and last update.

Welcome to the 21st century.

Mike Achiampong
Sutton Coldfield

Dead lice?

First let me declare an interest in the head lice market. As commercial and development director of Impharm Nationwide I was, to a large extent, responsible for bringing Kincare herbal shampoo to the market. I read **Xrayser**'s piece 'Making head lice sick won't do!' (*C&D* November 6 1999, p7), which commented on SSL's new product, Natruclear.

How strange that SSL, a company with extensive knowledge of head lice treatments and the relevant MCA regulations, should launch an unlicensed product on which the phrase 'head lice' appears 25 times, the word 'treatment' twice, together with a picture of a head louse with its bags packed and the words 'The easy way to detect and remove...'

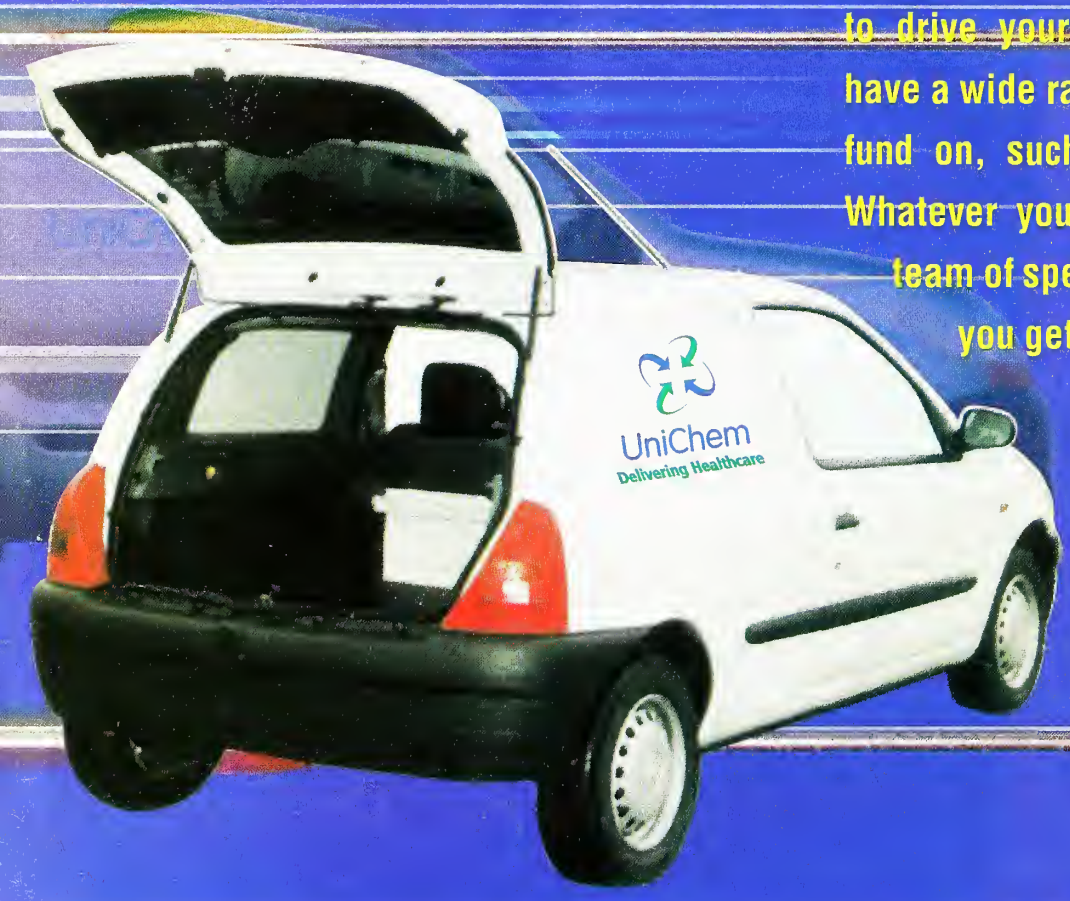
As **Xrayser** rightly says: "This will be interpreted by desperate mums as meaning that it will kill head lice". But why would SSL sell a 'natural' product which doesn't actually kill head lice? It would only serve to devalue non-toxic treatments such as Kincare in the eyes of the public, and who would benefit from that?

Tony Norris
Impharm Nationwide Ltd

UniChem
Delivering Healthcare

WIN a £20,000

Business Development Grant!



to drive your business forward. We have a wide range of items to spend the fund on, such as this Clio mini van. Whatever your ideas, there will be a team of specialist advisors to ensure you get the most from your prize.

PLUS WIN £1,000

worth of Thomas Cook Holiday Vouchers every month this year, with our free prize draw.

For further details please see pages 8 and 9 of the UniChem Main January Promotions Book

Driving You Forward

Pharmacia & Upjohn

start the new millennium with a new look campaign for

NICORETTE®

Nicorette will continue to be heavily promoted into 000 with a £6.5million campaign.

The new advertising campaign follows the theme of "Where there's a will, there's a way" highlighting that all smokers are individuals and that Nicorette offers different solutions to help quitters stop smoking. The campaign will consist of television executions for the Nicorette Inhalator and Microtab starting on 3rd January with a £1.9 million burst.

The campaign will be further supported by the launch of the new Nicorette point of sale material specifically developed for pharmacy, comprising a counter unit for all Nicorette formats, window display and a mobile. Stills from the TV commercials have been used to create synergy between the advertising campaign and the display material.

To receive any of the new Nicorette display materials, see your local Pharmacia & Upjohn sales representative, or call the telesales team on freephone 0800 801 454

Nicorette allows smokers to make a fresh start in the 21st century

Nicorette's consumer support programme, "Fresh Start" has had its own face-lift in readiness for 2000. It is believed that many smokers will attempt to quit in the early part of next year. As a result Pharmacia & Upjohn have undertaken in-depth consumer research into what is the most appropriate advice that could be given to aid a successful attempt. The "Fresh Start" pack itself remains mostly unchanged, comprising a handbook giving information on the different forms of Nicorette products available, and helping quitters decide which one best suits their smoking habit and lifestyle. A personal progress monitor with scratch off daily/weekly sections giving them motivational messages, an advice line card where quitters can talk to one of our fully trained advisors, and a "Think Cash not Ash" coin to keep on their person.

The advice line is open 7 days a week from 9am to 9pm giving information in Nicorette product formats and practical advice on how to stop smoking and stay stopped. When registering with the programme, consumers will be sent a relaxation tape with commentary from Dr Chris Steele, together with follow-up mailings throughout their attempt to quit focusing on various subjects from healthy diet and exercise through to financial benefits associated with quitting smoking.

Consumers can obtain these new "Fresh Start" packs from pharmacies, by calling the Nicorette advice line on 0800 2 GIVE UP (0800 244 8387) or via the website on www.nicorette.co.uk.

To receive a supply of "Fresh Start" packs, see your local Pharmacia & Upjohn sales representative or call the telesales team on freephone 0800 801 454

Scripts on the wire

The electronic transmission of prescriptions is the way ahead, as pharmacists heard in Templepatrick, Northern Ireland, on December 14. Kate McClelland reports

The majority of community pharmacies in Northern Ireland use the same dispensary computer system. The existence of a common platform is a distinct advantage when talk turns to the electronic transmission of prescriptions.

And as the Government has decided prescriptions should be transferred electronically from GP surgery to community pharmacy by 2002, this conference was well timed.

European Union standards are now agreed for data transfer, and the security of transmitted information is assured by encryption. Technology is not an issue. However, one of the main problems is at the point of generation of the prescription.

There has to be a way to verify the identity of the prescribing GP. Finger print systems that could be added to the GP computer systems are available at relatively low cost. Security at the point of entry could, therefore, be easily and relatively cheaply solved.

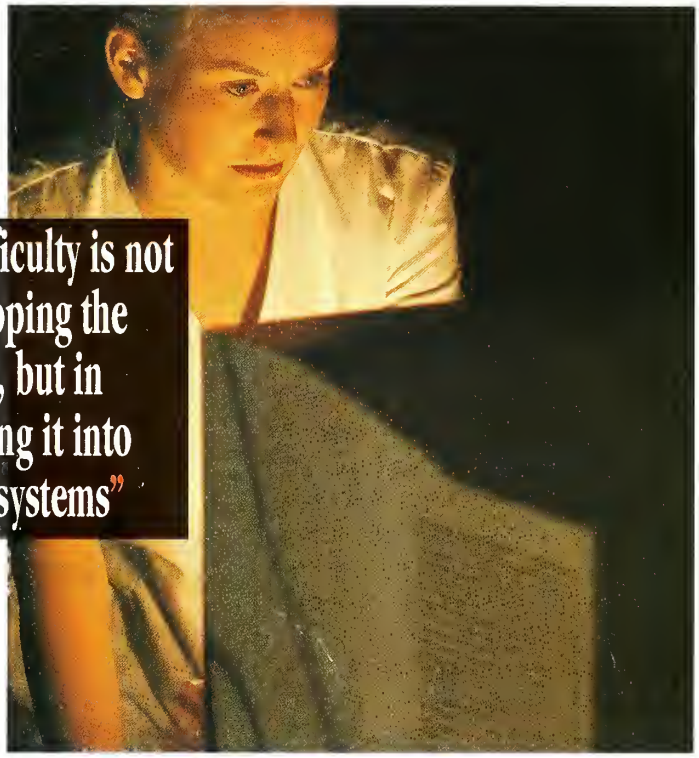
Transferring the complicated encrypted data and coding so that both the sender and the recipient systems can understand it seems like a nightmare. Many current systems are not compatible. Although the PharmMed system is common to most pharmacies in the Province, there are several medical systems. However, the medical system companies have been prepared to talk to PharmMed.

The difficulty is not in developing the software, but in integrating it into the systems that already exist. The PharmMed system is network independent, secure, encrypted and flexible, the conference was told.

Three case summaries were presented to show the flexibility that must be built into the system:

- **advance issue of a prescription to a nominated pharmacy**, where the patient requests medication and designates the pharmacy at which it is to be collected
- **advance issue of a script, but where the pharmacy is not nominated**, where the patient requests medication but does not specify a pharmacy
- **face to face issue**, where the patient visits the GP and is 'issued' directly with a script.

This last scenario requires 'real time' data transfer, which is costly because a large amount of encrypted data is involved and ISDN lines would be required to handle it.



> "The difficulty is not in developing the software, but in integrating it into existing systems"

Currently 32 per cent of all prescriptions in Northern Ireland are collected by the dispensing pharmacy; 80 per cent of patients receiving repeat medication use one pharmacy; and on average 14.5 hours per week are spent by GP receptionists dealing with repeat medication requests.

The first scenario is, therefore, one where the benefits of electronic transfer of prescriptions (ETP) would be immediately apparent.

Most surgeries operate a 24- or 48-hour waiting time for issuing repeat prescriptions. This time lapse would allow for batch transmission of scripts to a nominated pharmacy once or twice a day at agreed times.

The benefits to pharmacies from this system are numerous – staff time can be allocated to deal with incoming scripts, or the workload can be spread throughout the day.

There is a 24-hour window to order items not in stock before the script is collected or delivered. The prescription collection/delivery systems currently used by 32 per cent of patients could be extended to, say, 80 per cent with ETP, offering an improved service.

The GP would benefit immediately through reduced paperwork, time saving and repeating directly from the patient record. Between 17 and 30 per cent of all paper scripts need clarification at the pharmacy. Print quality and handwriting are often to blame. These two factors are immediately removed with ETP.

The Central Services Agency (Northern Ireland's equivalent of the Prescription Pricing Authority) could receive ETP scripts on the day of dispensing by batch transmission from the pharmacy. This would relieve it of the once-a-month influx of prescription bundles.

Even if payment were still to be made monthly, as at present, the ETP script could be priced automatically.

If a central system was added, the ETP data could be checked against DHSS data and script exemptions could be automatically checked. Pharmacists would no longer have to ask patients to provide evidence of exemption from prescription charges.

The opportunity for patients to defraud health boards on prescription charges – a problem believed to be widespread in Northern Ireland – would be reduced. Combined with the elimination of contractor fraud, the savings for government are estimated at around £12.7 million for Northern Ireland alone.

This provides the basis of a robust business case that could be put by the DHSS to the Treasury for funding system development. The money saved by reducing fraud should easily cover the cost.

Such a system has been piloted and proved successful, even though it had to run alongside the paper system. The principal issues thrown up by the pilot were not related to the running of the system, but there were benefits to all parties in the supply chain.

ETP opens the possibility for direct communication between GP and pharmacist in a way no other system has done before. With this communication comes an enhanced relationship, and the possibility of shared care and responsibility as envisaged in both the Pharmaceutical Society of Northern Ireland's 'Vision 2020' and the Royal Pharmaceutical Society's 'Pharmacy in a New Age'.

ETP is one way that pharmacists might become integral members of the primary care team without leaving the pharmacy.

Asked whether such a system would merely be the precursor to mail order pharmacy, bypassing the community pharmacist, Ewan Davis, managing director of PharmMed, said it was a possibility but not one that AAH, for one, would like to see. The company has a vested interest in community pharmacy both as wholesaler to the independent sector and as owner of the Lloydspharmacy chain.

Pilot studies have shown the value of pharmacist involvement in the repeat dispensing process. The Crown Report opened the debate for legislative changes that would allow the development of pharmacists as dependent prescribers.

The way forward for pharmacists must be to control the advances in technology and to move the profession towards the goals set out in Vision 2020. Pharmacists need to take a lead role in the development of systems, take ownership of the products and control their development.

Opportunities will come from evolving technology but these could become threats if pharmacists are not involved from the start.

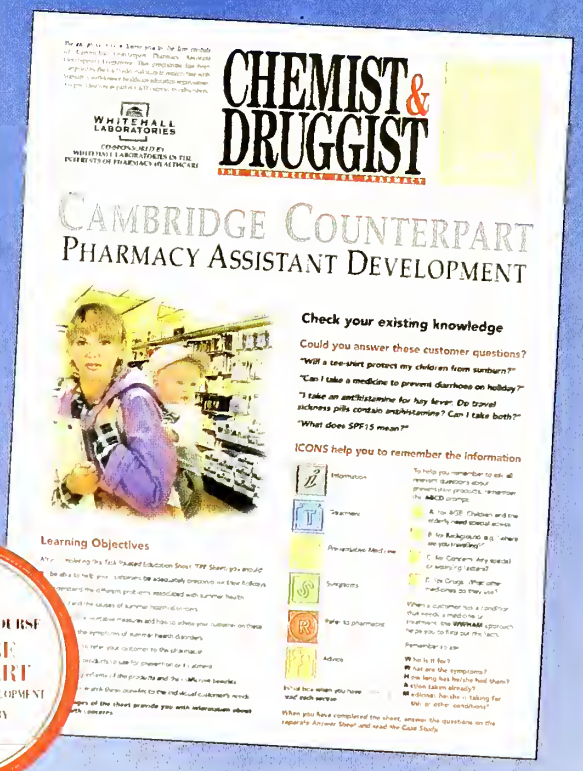
The easy way

CHEMIST & DRUGGIST

o train your medicine ales assistants

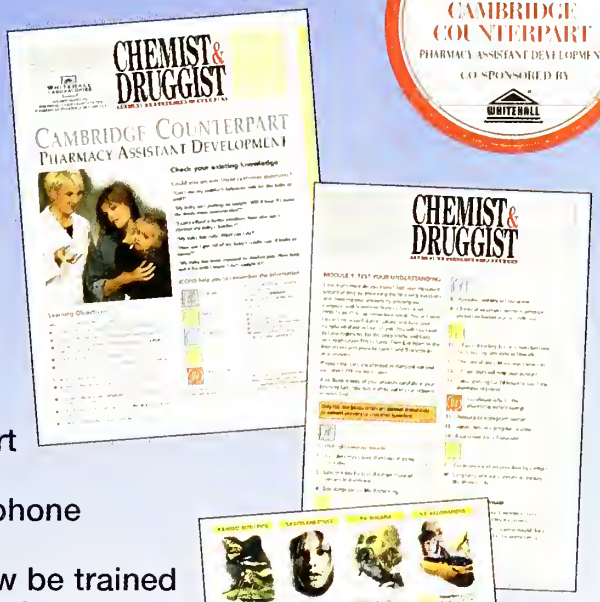
CAMBRIDGE COUNTERPART

Why pay more?



mbridge Counterpart is:

- xible
- fordable
- sy to join
- sy to use



u could pay more
n double for other
urses
d remember,
mbridge Counterpart
ers
tant results on the phone

assistants must now be trained
Royal Pharmaceutical standards

all your employees trained?
at about new, part-time and
urday staff?

unterpart is recognised by the
ciety and accredited through the
llege of Pharmacy Practice

n the form now to get a complete set of training modules, questions
a briefing pack for just £17.63 (inc VAT). Each pack covers up to
assistants.

h assistant must be registered for telephone marking and CPP
tificate at a cost per person of just £29.38 (inc VAT).
each candidate by first and last name

Pharmacist

Pharmacy

Address

Post Code

Telephone

Fax

Name	£	
Name	£	
Name	£	
Name	£	
Name	£	
	Sub total £	
Please include ( ) complete sets of counterpart modules 1-14 at £17.63 each (inc VAT)	£	
	Total £	

Make cheques payable to Miller Freeman UK Ltd and send to Mary Prebble, Pharmacy Editorial Projects, Chemist & Druggist, Miller Freeman House, Sovereign Way, Tonbridge TN9 1RW

For further information contact John Skelton on 01732 364422

IN BRIEF

Bayer to acquire Germaloids
Bayer has completed the acquisition of Germalene, annaunced before Christmas, and has agreed ta buy Germolaids from SmithKline Beecham this manth. The campany believes the twa brands have "signif-icant growth patential".

Creative Fragrances is now Puig
Perfume distributar Creative Fragran-ces, based in Mayfair, Landan, has changed its name to Puig UK. Puig is the established name af the campa-ny's global parent. The affairs af Cosmopolitan Cosmetics and Yardley af Landan are not affected by the change af name.

Record year for Mawdsleys
Mawdsley-Brooks, the independent wholesaler, said its sales reached a record high last year after it gained 200 extra pharmacy customers. Mawdsleys naw delivers ta 800 pharmacies and it has expanded its workforce by 80 to 280.

UK economy to grow 3pc
The UK economy will graw nearly 3 per cent this year and will slaw down ta 2.3 per cent in 2001, according ta a report by market researcher Business Strategies. Unlike same econamic pundits, the campany does not expect a series of interest rate rises this year because it says prices will remain relatively law. ('The UK in the global ecanomy', Business Strategies, tel: 020 7630 5959.)

ANC offers weekend collection
ANC, a parcel carrier based in Newcastle-under-Lyme, has laun-ched a weekend collection service far the pharmaceutical industry. The products are delivered an Manday. ANC surveyed aver 300 pharmaceu-tical customers, mast af wham wanted the new service.

Top drug shares hit by 'sell' fever
Major pharmaceutical stocks have taken a battering, like many other sectors, as investars said shares ta capitalise on the huge pre-Christmas price hikes. During Tuesday and Wednesday, AstraZeneca's shares fell 162p to 2,406p, Glaxo Wellcome's shares fell 63p to 1,687p and thase af SmithKline Beecham dropped 32.5p to 757.5p.

AAH enjoys 'bug-free' New Year
AAH Pharmaceuticals has had a mil-lennium bug-free start to the year, said Steve Dunn, the company's md. Generic shortages, he added, still remain and would probably nat ga away until the second quarter.

BTC pilots on-line shopping

Boots the Chemists is piloting an on-line shopping service on its web site.

While this is the first time BTC has been involved in on-line shopping, The Boots Co has been offering a selection of Boots products on line since last October through *handbag.com*, the joint-venture web site it set up with Hollinger Telegraph New Media.

The latest service, headlined 'Online store', consists of two separate sections called Mother & Baby and Health & Beauty. BTC is not offering prescription drugs, although it has scope to do so in future, now that the Royal Pharmaceutical Society has issued guidelines for on-line pharmacy services (*C&D* January 1, p6)

The Mother & Baby section comprises: change time, feed time, outdoor baby, baby indoors and before baby.

Health & beauty's sections are divided into top to toe, which includes mens' products and dental goods; healthcare, including vitamins and first aid; travel and photo and hosiery.

Potential customers, who are given points on their Advantage cards if they shop on line, have to register through BTC's web site (*boots.co.uk*). Apart from personal details, customers are asked to give family information, such as the birth dates of their four youngest children.

Each customer types in a user name and password, which remains secret. Boots says all transaction details are encrypted to guarantee the customer's financial safety.

Having chosen their products and dropped them into a basket logo, customers check their basket, tell Boots where to send the goods and enter their payment details.

Boots will deliver the products throughout the UK, except the Scottish Islands, the Isle of Man, Northern Ireland, the Isles of Scilly, the Channel Islands and the Republic of Ireland.

It aims to deliver the goods within five working days, providing the goods are in stock. Deliveries are free for Mother & Baby orders that exceed £60 and for H&B orders above £50. Other orders incur postage and packing charges of £2.95.

BTC plans to keep the on-line shopping sections separate during the trial – it would not say how long the pilot will last.

- Boots the Chemists has not yet paid its £12 million sponsorship for the Body Zone at the Millennium Dome – it denied the delay was linked to the length of queues at the zone.

BTC said it had not yet signed the zone's sponsorship contract because a few "details remain outstanding". It would not elaborate on what these details were, but said it hoped to pay the £12 million it had pledged by the spring.

BTC's spokesman admitted it was unhappy with how long people were having to queue for the zone, but said the New Millennium Experience Company, which operates the Dome, was addressing the matter by diverting the queues to another part of the the complex where customers waiting would be able to look at other activities.

NMEC is also arranging street entertainers to take customers' minds of the queues.

One way into e-tailing

Independent retailers or small manufacturers who want a way into electronic commerce are increasingly likely to be targeted by 'host sites' which offer site building facilities and a 'trading centre' to operate from.

SafeStreet Shopping Centre (*www.safestreet.co.uk*) already hosts over 70 stores, each of which can display up to 1,000 products. The company offers retailers "the opportunity to become part of an established on-line community" for £49.95 per month, plus 1 per cent commission on sales on goods sold through the site.

Retailers can build their own shop for a fee of £75 or use SafeStreet's services (£375 for 100 items to £1,800 for 1,000).

SafeStreet Trading Centre offers small- to medium-sized manufacturers an e-commerce-enabled web site, with the facility to display up to 15,000 products. Sites can be password protected. The site set up and price structure is the same as for the retail centre.

SafeStreet is a subsidiary of Vicor Inc, a web company in California. For more information on the UK operation contact David Guiver on 020 8339 6503.

AAH reveals the line-up for Dubai convention

AAH has announced the line-up of speakers for its convention in Dubai on March 26-30, but don't rush to book if you haven't already done so, because the event is a sell-out.

Leading the line up is Michael Sobjana, chief officer of the NHS Alliance, the national membership association for primary care groups across the UK

Professor Bill Felkey, associate professor of the Department of Pharmacy Care Systems at Auburn University's school of pharmacy in Alabama, will provide input on information technology.

Professor Ian Jones, professor of pharmacy practice at the school of pharmacy in Portsmouth, completes the bill of guest speakers.

The theme of this year's convention is 'Pharmacy – a new perspective'. The programme will include seminars and workshops for delegates to receive practical advice and training in running an independent pharmacy.

UniChem offers 'no cost' switch to Pharmacy Finance Scheme

Pharmacists who have an existing loan under UniChem's loan guarantee scheme are being urged to transfer to the company's Pharmacy Finance Scheme.

Provided the transfer is done before January 25, there will be no costs involved. The scheme is open to any size of pharmacy, including those where business finance was not previously covered by the loan guarantee scheme.

John Jaquiss, UniChem's commercial support controller, said: "The scheme is the best that UniChem has ever offered and we would urge customers to grab this opportunity, free of charge, while they can."

The package, launched in September in conjunction with National Westminster Bank, has already been taken up by nearly 300 customers. Benefits include:

- support of up to 100 per cent of the cost of purchase and a wide range of development issues (providing borrowing does not exceed 80 per cent of the business value)
- interest rates equivalent to net 1 per cent over the interbank rate (interest is charged at 1.25 per cent over the interbank rate, and UniChem provides a 0.25 per cent rebate every six months)
- loans can be taken for up to ten years with the UniChem finance fee charged at 1 per cent but capped at £1,000. No bank arrangement fee
- cashback and credit card transaction benefits via NatWest Streamline services.

For details call Mr Jaquiss on 020 8391 2323.

COMING EVENTS

JANUARY 10

Nottingham & District Branch, RPSGB, at the School of Pharmacy, University of Nottingham, 7.30 for 8pm. 'The Pharmaceutical Industry - Working in Partnership with the Pharmacist'.

East Kent Branch, RPSGB, at The Slatters Hotel, Canterbury, 6.30 for 7.45pm. 'An introduction to Complementary Therapies'.

JANUARY 11

Leicestershire & Rutland Branch, RPSGB, at the Clinical Education Centre, Leicester Royal Infirmary, 7 for 7.30pm. 'Coronary Heart Disease & Diabetes'.

Bury & District Branch, RPSGB, at the Norton Grange Hotel, Castleton, 7.30 for 8pm. 'Continence care - past present and future'.

JANUARY 13

Glasgow & West of Scotland Branch, RPSGB, joint meeting with the **Scottish Pharmaceutical Federation** in room SIBS101, University of Strathclyde, 27 Taylor Street, Glasgow, 7.30 for 8pm. 'Can you get a Locum?' Panel: Ian Caldwell, Rose Marie Parr, Frank Owens, Michele Caldwell.

Lanarkshire Branch, RPSGB, at the Stakis Strathclyde Hotel. Quiz Night.

Bradford & District Branch, RPSGB, at Bradford University Room D4, 7.30 for 8pm. 'Clinical Debate on benefits of HRT' with pharmaceutical advice, a health economist and a pharmaceutical industry representative. Sponsored by Novartis.

Free computer training for pharmacists

Pharmacists in the East Anglia region are being offered free computer courses under a training initiative financed by the European Union.

The European Social Fund (ESF), an EU organisation that promotes employment and training, has been giving millions of pounds to the UK to help train small- and medium-sized enterprises (SME) throughout the country.

Training activities in the east of England - which has been allocated £18 million by the Fund - are being supervised by the University of Luton.

These include computer courses run by local Pitman Training centres. The courses include Microsoft Office, basic keyboard skills and Excel, and are open to small- to medium-sized companies. Any business can apply providing it does not have more than 250 employees and its turnover does not exceed £30 million.

Regions offering the free courses include Norfolk, Hertfordshire, Cambridgeshire and Peterborough.

Prabodh Devlukia, who owns Costessey Pharmacy in New Costessey, Norwich, has signed up his staff to familiarise themselves with his accounts system. GPs and other professionals have also enrolled - Pitman said the response has been very good.

The courses run from 12 to 18 hours and can be taken in the evening or on a Saturday.

Pharmacists who want to check whether there are ESF initiatives in their area should contact Martin Rodgers at the ESF unit of the Department of Education and Employment, tel: 020 7273 5032.

The launch of 'Entrepreneur of the Year 2000' before Christmas was given a helping hand by Annette D'Abreo, co-founder of Ceuta Healthcare and winner of a regional award last year. She is seen here with Mike Jones, regional sales and marketing director for Ernst & Young, which produces the Awards. "Anything that helps entrepreneurs make it from start up to viability is to be welcomed," said Ms D'Abreo, who has helped build Ceuta's turnover to £32 million in just four years. Nominations for the awards must be submitted by March 21. For more details ring 0845 6041014 or visit *www.eoy.co.uk*

Deadline approaching on COMAH registration

Time is running out for companies which use and store dangerous chemicals to register with the government body responsible for regulating the prevention of major accidents.

Businesses that are subject to the Control of Major Accident Hazard Regulations (COMAH) have until February 3 to notify the Health and Safety Executive.

The regulations affect companies which manufacture, store and use chemicals, including pharmaceuticals.

For information about notification and other requirements of COMAH call the HSE infoline on 0541 545500 or visit *www.open.gov.uk/hse*.

Drugs become more expensive in the UK

Prices of drugs in the UK are significantly lower than those in the US and lower than those in Germany, but higher than those in most other European countries.

While at the beginning of the 1990s UK drug prices were 'mid-range', the emergence of a strong pound between 1996 and 1998 has made drugs in this country relatively more expensive.

These comparisons come in a government report on the Pharmaceutical Price Regulation Scheme issued shortly before Christmas. However, it warns that international price comparisons need to be interpreted with some caution. They can be significantly affected by relative sales in each country, movements in exchange rates and the proportion of medicines expenditure included in the analysis.

Bilateral comparison of ex-manufacturer prices at 1998 exchange rates

France	85
Germany	108
Italy	81
Spain	71
UK	**100**
USA	174
Belgium	86
Ireland	90

The report also identifies the constituent elements which have pushed up the total net ingredient cost of drugs dispensed in England between 1992 and 1998.

Total NIC rose by 8.6 per cent during this period, of which 3.2 per cent was accounted for by an increase in volume (items) and 5.3 per cent by the increase in the average NIC per item.

'Pharmaceutical Price Regulation Scheme - Third Report to Parliament' (December 1999). Available at *www.doh.gov.uk/pprs.htm*.

Don't get left behind!

Make sure your company is ahead of the competition. Promote your products & services in

Chemist & Druggist Directory

– the only directory to cover ***all*** aspects of your industry from manufacturers to wholesalers, retailers to the NHS.

To find out more about how you can reach out to 9,000 Pharmaceutical industry professionals, call us now on

Tel: 01732 377591 or Fax: 01732 367301

to register for a media pack.

Miller Freeman
A United News & Media company

Miller Freeman
INFORMATION SERVICES

Classified

Appointments £27.00 P.S.C.C. + VAT minimum 3x1. General classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 4pm Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Debra Thackeray, Chemist & Druggist (Classified), Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: http://www.dotpharmacy.co.uk.

All major credit cards accepted

VISA DELTA Access SWITCH

APPOINTMENTS

Pharmacy Dispenser/Manager
required at
Camden, London N7
Part time or Full time
please contact:
Kamlesh Patel on
0171 4852159 PRIME HEALTH

Dispenser
Health Centre Pharmacy requires Full-Time Dispenser.
Hours 9.00am-6.00pm, Monday to Friday.
Salary by negotiation.
Preference will be given to qualified and experienced dispensers.
Job sharing may be possible.
Apply by sending CV to:
Mr G J Weeks, Superintendent Pharmacist,
16 Torrington Park, London N12 9SS

LOCUMS

MP&J
(NATIONWIDE)
Matching People and Jobs
Pharmacists and Technicians,
Nationwide
Register Free on
01753 830 625

EQUIPMENT FOR SALE

FOR SALE
1 x Agfa Printer - MSC 2/3 - Multi Scanning Compact Lab
1 x Agfa Negative Machine - AP272
1 x Fuji Enlarger - 23 VE - Prints from 8 x 6 to 12 x 8 and takes 8 inch gloss paper to 12 inch, Includes Scanner Screen
1 x Leader Lab 2 FL 135 - 120, Printing time 12 mins per film
1 x Leader Lab Imager 135 RA Prints 6 x 36 exp films per hour - Good Working Order
Open to offers - Will separate equipment
Please contact Belinda Bonnett or Neil Beaumont
Telephone: 01268 535227

BUSINESS WANTED

DAY LEWIS **CHEMIST** *We Care* DAY LEWIS

Progressive chain of 46 shops seeks to acquire Pharmacies with turnover of in excess of £400,000 in Southeast England and East Anglia. Freehold purchases. Matter treated in the strictest confidence. For a quick decision contact:

Day Lewis Group, Bensham House,
324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
Tel: 0208 689 2255 ext. 221. Mobile 0860 484999. Fax: 0208 689 0076
Email: DayLewis@aol.com

PRODUCTS AND SERVICES

SIGMA

SIGMA PHARMACEUTICALS PLC
1 COLONIAL WAY, PO BOX 233,
NORTH WATFORD,
HERTS WD2 4EW

A LAUNCH OFFER FROM HERBAL CONCEPTS

	Normal Trade	Offer Price	Qty
Herbal Concepts Daily Fatigue Relief	£2.55 (£15.30 x 6)	£2.34 (£14.04 x 6)	____x6
Herbal Concepts Rheumatic Pain Relief	£1.80 (£10.80 x 6)	£1.63 (£9.78 x 6)	____x6
Herbal Concepts Asthma & Catarrh Relief	£2.55 (£15.30 x 6)	£2.34 (£14.04 x 6)	____x6
Herbal Concepts Period Pain Relief	£1.58 (£9.48 x 6)	£1.46 (£8.76 x 6)	____x6
Herbal Concepts Weight Loss Aid	£2.55 (£15.30 x 6)	£2.34 (£14.04 x 6)	____x6

Buy 10 x 6 and get 1 x 6 FREE

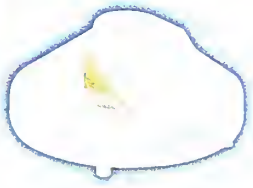
Offer Ends
January 31ST 2000

FREEPHONE: 0800 5974462
FREEPHONE: 0800 5974439

PRODUCTS AND SERVICES

Mashco Mail
Synergy Complex, 4 Dalston Gardens, Stanmore, Middlesex HA7 1BU

MOUNTAIN BREEZE



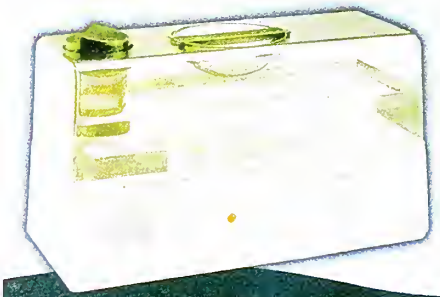
Vaporiser
Product Code MBR 8220

Original Retail Price	~~£13.99~~
New Retail Price	£9.99
P.O.R	25%
INVOICE PRICE	£6.51
NET PRICE	£6.35

Vaporiser Refills
Product Code MBR 8892

Retail Price	£2.99
INVOICE PRICE	£1.90
NET PRICE	£1.85

BUY 12 GET
2 FREE



Ultrasonic Humidifier
Product Code MBR 8077

Original Retail Price	~~£64.99~~
New Retail Price	£49.99
P.O.R	30%
INVOICE PRICE	£30.72
NET PRICE	£29.95

Tel: 0181 204 2224
Email: enquiries@mashcplc.com
Fax: 0181 204 0224
Terms and Conditions Apply

NEW

CITRUS MAGIC®

100% NATURAL AIR FRESHENERS

FIVE FRAGRANCES: TROPICAL BLEND, ORANGE, LEMON, LIME AND MANDARIN
STARTER PACK: 24 PIECES 3.5 OUNCE DISPENSERS WITH COUNTER DISPLAY UNIT, TESTER, INFORMATION LEAFLETS.
PACK PRICE: £42.96 + VAT (UNIT PRICE £1.79 + VAT) RRP: £2.99

INFORMATION AND ORDERING FROM: CITRUS MAGIC®
151 AIRPORT HOUSE, PURLEY WAY, CROYDON CR0 0XZ
PHONE: 0181 781 1900 FAX: 0181 681 5557
FREEPHONE: 0800 074 2768

SECURITY

SHOP FITTERS

Literature update

LITERATURE UPDATE FEATURE - 22nd JANUARY 2000

The baaking and capy deadline far this is the 10th January 2000. This excellent feature that appears an the inside back caver in full calaur casts a mere £240.

Far mare infarmatian please contact:
Debra Thackeray Classified Sales Executive
Tel: 01732 377493 Fax: 01732 377170

Business link

A free service for C&D subscribers

Free entries in 'Business Link' (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Adverts must be submitted on the coupon (right), which must be properly completed, and include an expiry date for products. Acceptance is at the discretion of the Publishers and depends on the space available. Pharmacists should only advertise medicines for sale where the product is discontinued or in short supply. Medicines must be unopened and in original packaging.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

First names .....

Address .....

..... Postcode .....

Personal RPSGB Registration number .....

Telephone Number .....

Proposed advertisement copy (maximum 30 words)

.....

.....

.....

.....

Pharmacy gets Gongs

Three pharmacists have been recognised in the first New Year Honours List of the new millennium.

Peter Jenkins MRPharmS, treasurer of the National Pharmaceutical Association, Sheelagh Hillan MPSNI, vice-president of the Pharmaceutical Society of Northern Ireland, and Victor Douglas Skeeles, community pharmacist and parish council member, have all been awarded MBEs.

Mr Skeeles has been awarded his MBE for services to the community of Long Ashton in Bristol. He has practised as a community pharmacist for nearly 60 years and has been a member of Long Ashton parish council for 40 years. He was council chairman in 1963 and 1964, and has also served on the local pharmaceutical committee and the local branch of the Royal Pharmaceutical Society.

Victor Skeeles

Mr Jenkins was awarded his MBE for services to pharmacy and the community in Abercynon, South Wales. He has been an NPA board member since 1990, was chairman in 1996-97 and has been treasurer for the past two years. A community pharmacist for 40 years, he is also chairman of his local pharmaceutical committee, and has been a member of the Welsh Executive since 1996.

Peter Jenkins

Sheelagh Hillan was honoured for services to the pharmacy profession. Mrs Hillan has been a community pharmacist since 1973. She has served on the Council of PSNI, the executive of the Ulster Chemists' Association and the Pharmaceutical Contractors' Committee, which she chaired in 1995-96.

Ms Hillan is also associated with the Homefirst Trust. Her involvement with charity work has been a priority, and she is currently working with the St Vincent de Paul Society, Save the Children and Action Mental Health.

Sheelagh Hillan

Gopa Mitra, head of public affairs at the Proprietary Association of Great Britain, was awarded an MBE for services to the pharmaceutical industry. She has been with the PAGB for almost 20 years, and her activities have most recently focused on public affairs. Ms Mitra has played a large part in raising the awareness of the benefits of self-medication and is currently on the board of the Doctor Patient Partnership.

Gopa Mitra

Peter Read, former president of the Association of the British Pharmaceutical Association, has received a CBE for services to the Association. Mr Read, a doctor by training, has worked for Hoechst Marion Rousel for his whole professional career, initially in clinical research and later rising to chairman. He was ABPI president in 1996-98.

"I am absolutely delighted to be honoured in this way," he said. "It reflects back to the industry and the ABPI, and to Trevor Jones and his team."

Ann Rossiter, proprietor of H Bronnley and Company Ltd, was awarded an OBE for services to the toiletries industry. Ms Rossiter joined the family business in 1966, and is now the chairperson. She is also a committee member for the Cosmetics, Toiletries and Perfumery Association.

Head of policy development for Boots the Chemists for property and planning, David Stathers, has been awarded a CBE for services to retail property and planning.

Peter Read

OBITUARIES

Two former National Pharmaceutical Association employees passed away recently. Jim Downing was the NPA's assistant secretary when he retired in 1990, and William Kneale was its EEC liaison secretary when he retired in 1983

Jim Downing

Joseph Wright (former director of the NPA Group) writes:

Jim Downing joined the staff at Mallinson House in 1957 and at first was superintendent of the Information Department. During his spare time he studied and was elected, in 1959, a Fellow of the Chartered Institute of Secretaries. He took over responsibility for the Business Aids section until John Goulding joined the staff after the move of the office to Southgate. It was there that Jim was able to spend part of his lunchtime at the baths just a few yards from the office in Southgate Circus swimming with weights round his waist!

Other staff members were impressed, particularly when they learnt that he was a recognised scuba diving instructor.

The move to Southgate highlighted Jim's capacity for dealing effectively and thoroughly with a mass of detail. Within a few days after the move the entire office was back to its efficient working, thanks to careful planning by Jim and his team. That ability was also most useful when he worked with Tim Astill in preparing guidance for NPA members before decimalisation of the currency and the introduction of Value Added Tax. And during the year before I retired in 1981, Jim played a major part with Tim Astill in preparing for the introduction of computers throughout Mallinson House.

It was in the training of pharmacy staff that Jim played a major part. He was appointed Secretary of the Pharmacy Assistants' Training Board when that body was set up. Later he served on the Society's Audio-Visual Aids Committee and on a working party set up by the training sub-committee of the National Economic Development Committee for the Distributive Trades. That working party considered the problems of training in small shops and found Jim's experience and guidance invaluable.

Jim retired in 1990 after serving as Assistant Secretary of the NPA for a major part of his 33 years at the office. He had not been well for some time before he died. Our thoughts and those of the NPA Board, the staff at Mallinson House and of the many members throughout the country that knew Jim, are with his wife, Ruth, and their family at this sad time.

William Kneale

Mr Wright writes:

Will Kneale impressed me at our first meeting in the spring of 1970 with his 'zest for life'. He came to Mallinson House for interview for the post of local organisations officer. Will told me that after qualifying in 1937 he had managed a pharmacy owned by Alderman John Tristram CBE (a former president of the Society and former chairman and treasurer of the then NPU). Then on the outbreak of the war in 1939 he joined a troop ship in its dispensary on journeys throughout the world.

Subsequently he played a part in rehabilitation and reconstruction work in Germany. He met and married his Swiss wife, Aline, and acquired fluency in German. His positive, friendly approach to life and his thoroughness in work generally immediately endeared him to staff at Mallinson House and to Branch Secretaries and NPA members throughout the country.

He made good use of his past experience when he took over as Secretary of the Employers' Side of the Joint Industrial Council for Retail Pharmacy. But it was when the Common Market discussions began that Will's ability to speak fluent German and his enthusiasm for Europe proved to be tremendous assets.

Will was the NPA's EEC Liaison Secretary until he retired in 1983, by which time he had produced many reports for the NPA Board on aspects of pharmacy in the community. His designation as a Fellow of the Society in June 1978 was a fitting tribute to all the good work that he had done on behalf of the profession, particularly in European affairs.

It may be of some comfort to his wife, Aline, to know that the thoughts of pharmacists across the country and on the Continent, of those at Mallinson House that knew him, and of my wife, Peggy, and myself, are with her at this sad time.

Her pharmacist knows about NiQuitin CQ's proven morning craving control[1]

the cancer research campaign

"However long a person has smoked, quitting is always a benefit"

And at seven am so does she

NiQuitin CQ
Nicotine
STOP SMOKING AID

Morning cravings are often the most difficult time for smokers. NiQuitin CQ has clinical evidence to prove morning craving control.[1]

NiQuitin CQ's advanced patch design helps ensure that from one morning right through to the next, the temptation to smoke is kept firmly at bay.

HELP HER STAY CALM, IN CONTROL - AND QUIT

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine in 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine in 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardiovascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95, Step 1 only 14 patches £35.95. **Date of last revision:** February 1999. **NiQuitin CQ, CQ** and **Committed Quitters** are trade marks.

SB

Reference:

1. Data on file, SmithKline Beecham Consumer Healthcare.


Eczema is the last thing on his mind
Think of E45 and you probably think of E45 Cream. Yet, E45 Bath and E45 Wash can help too.
E45 Bath and E45 Wash are not only soap and detergent free to avoid drying the skin, they actually help protect against water loss and dryness.1-4
All three used in combination as a daily routine, called E45 Complete Emollient Therapy, ensure maximum skin rehydration5 to help improve eczema4 and quality of life.
Just as importantly, E45 Complete Emollient Therapy is pleasant to use. Which makes eczema easier to live with. For everyone.
Call 0115 968 8665 now to receive more information on the benefits of E45 Complete Emollient Therapy.
Prescribing Information
E45 Cream
White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.
Uses:
For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis,
Dosage and Administration
Contra-indications, Warnings etc:
Package Quantities:
Basic NHS Cost:
Legal Category: GSL
Product Licence Number
Product Licence Holder:
Crookes Healthcare Ltd
Nottingham NG2 3AA
Date of Preparation:
October 1999.
E45 Emollient Bath Oil
Further information is available on request from Crookes Healthcare Ltd.
Nottingham NG2 3AA
E45 Emollient Wash Cream:
October 1999
References:
2. Berth Jones
1992; 3: 9-11
3. Data on file, Crookes Healthcare (E5T980711)
4. Blaszczyk-Kostanecka M.
E45
Bath
Cream
Wash
At ease about eczema